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THE SANITARY EVOLUTION OF LONDON

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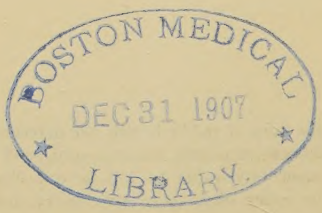

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DEDICATED

TO

THE LONDON COUNTY COUNCIL

BY ONE OF ITS MEMBERS

THE AUTHOR

4, Cornwall Gardens,
S.W.

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BOSTON MEDICAL

The Sanitary Evolution of London

CHAPTER I

THE health of the people of a country stands foremost in the rank of national considerations. Upon their health depends their physical strength and energy, upon it their mental vigour, their individual happiness, and, in a great degree, their moral character. Upon it, moreover, depends the productivity of their labour, and the material prosperity and commercial success of their country. Ultimately, upon it depends the very existence of the nation and of the Empire.

The United Kingdom can claim no exemption from this general principle; rather, indeed, is it one which, in the present period of our history, affects us more vitally than it has ever done before, and in a more crucial manner than it does many other nations.

The more imperative is it, therefore, that every effort should be made to raise the health of our people to the highest attainable level, and to maintain it at the loftiest possible standard.

The subject is so vast and complicated that it is impossible, within reasonable limits, to treat more than a portion of it at a time.

London, the great metropolis, the capital of the Empire itself, constitutes, by the number of its inhabitants, so large a portion of the United Kingdom, that the health of its people is a very material factor in that of the kingdom. It has a population greater than either Scotland or Ireland, greater than any of our Colonies, except Canada and Australasia, greater than that of many foreign States—

"the greatest aggregate of human beings that has ever existed in the history of the world in the same area of space."

And, in a measure too, it is typical of other of our great cities.

A narrative of the sanitary history and conditions of life of the people of London, therefore, would be a material contribution to the consideration of the general subject in its national aspect, whilst it cannot but be of special interest to those more immediately concerned in the amelioration of the existing condition of the masses of the people of the great capital.

Such a narrative is attempted in the following pages.

It is, in the main, based upon the experiences, and inferences, and conclusions, of men who, more than any others, were in a position closely to observe the circumstances in which the people lived, their sanitary condition, and the causes leading thereto and influencing the same.

It includes the principal measures from time to time passed by the Legislature to create local governing authorities in sanitary matters—the various measures designed and enacted to improve the condition of the people—and the administration of those measures by the local authorities charged with their administration.

It is a narrative, in fact, of the sanitary—and, therefore, to a great extent of the social—evolution of this great city.

It is doubtful how long a time would have elapsed before the condition of the people came into real prominence had it not been for the oft-recurring invasions of the country by epidemic disease of the most dreaded and fatal forms. Ever-present diseases, disastrous and devastating though they were, did not strike the imagination or appeal to the fears of the public as did the sudden onslaught of an awe-inspiring disease such as cholera.

An epidemic of that dreaded disease swept over London in 1832, and there were over 10,000 cases and nearly 5,000 deaths in the districts then considered as metropolitan—the population of those districts being close upon 1,500,000.

For the moment, the dread of it stimulated the people,

and such governing authorities as there were, to inspection, and cleansings, and purifications, and to plans for vigorous sanitary reform; but the instant the cholera departed the good resolutions died down, and the plans disappeared likewise.

There were, however, some persons upon whom this visitation made more abiding impression; and they, struck by the waste of human life, by the frequent recurrence of epidemics which swept away thousands upon thousands of victims, and distressed by the perpetual prevalence and even more deadly destructiveness of various other diseases among the people, bethought themselves of investigating the actual existing facts, and the causes of them—so far at least as London, their own city, was concerned.

And then slowly the curtain began to be raised on the appalling drama of human life in London, and dimly to be revealed the circumstances in which the great masses of the working and labouring classes of the great metropolis lived, moved, and came to the inevitable end, and the conditions and surroundings of their existence.

The slowness with which England as a nation awoke to the idea that the public health was a matter of any concern whatever is most strange and remarkable. It seems now so obvious a fact that one marvels that it did not at all times secure for itself recognition and acknowledgment. But men and women were growing up amidst the existing surroundings, foul and unwholesome though those were, and some, at least, were visibly living to old age; population was increasing at an unprecedented rate; wealth was multiplying and accumulating; the nation was reaching greater heights of power and fame. What, then, was there, what could there be wrong with the existing state of affairs?

Real social evils, however, sooner or later, force themselves into prominence. For long they may be ignored, or treated with indifference by the governing classes; for long they may be endured by the victims in suffering and silence; but ultimately they compel recognition, and have to be investigated and grappled with, and, if possible, remedied.

The real beginning of such investigations was not until near the close of the fourth decade of the nineteenth century. Information then for the first time was collected, of necessity very limited in extent, crude in form, and of moderate accuracy, but none the less illuminating in its character—information from which one can piece together in a hazy sort of way a general impression of the condition of the working and poorer classes in London at that period.

Foremost among the diseases which worked unceasing and deadly havoc among the people was fever. By its wide and constant prevalence and great fatality, it was the first upon which attention became fixed. The returns which were collected as regarded it related to twenty metropolitan unions or parishes, and in them only to the pauper population, some 77,000 in number. But they showed that in the single year of 1838, out of those 77,000 persons, 14,000, or very nearly one-fifth, had been attacked by fever, and nearly 1,300 had died.*

Being limited to the technically pauper population this information related only to one section of the community ; but it nevertheless afforded the means of forming a rough estimate of the amount of fever among the community as a whole.

And another fact also at once became apparent, namely, that certain parts of London were more specially and persistently haunted or infested by fever than others. In Whitechapel, Holborn, Lambeth, and numerous other parishes or districts, fever of the very worst forms was always prevalent—"typhus, and the fevers which proceed from the malaria of filth." The sanitary condition of those districts was fearful, every sanitary abomination being rampant therein, whilst certain localities in them were so bad that "it would be utterly impossible for any description to convey to the mind an adequate conception of their state." And most marvellous and deplorable of all was the fact that this fearful condition of things was

* See Parliamentary Papers, 1837–8, vol. xxviii., and P.P. 1839, vol. xx. p. 106, Dr. S. Smith.

allowed, not merely to continue, but to flourish without any attempt being made to remedy, or even to mitigate, some of the inevitable and most disastrous consequences.

As regarded the districts in which the wealthier classes resided, systematic efforts had been made on a considerable scale to widen the streets, to remove obstructions to the circulation of free currents of air, and to improve the drainage—an acknowledgment and appreciation of the fact that these things did deleteriously affect people's health. But nothing whatever had been attempted to improve the condition of the districts inhabited by the poor. Those districts were not given a thought to, though in them annually thousands and tens of thousands of victims suffered or died from diseases which were preventable.

Reports such as these attracted some degree of attention, and awakened a demand for further information, and in 1840 the House of Commons appointed a Select Committee to inquire as to the health, not only of London, but of the large towns throughout the country. Their report* enlarged upon the evils previously in part portrayed, and emphasised them.

"Your Committee," they wrote, "would pause, from the sad statements they have been obliged to make, to observe that it is painful to contemplate in the midst of what appears an opulent, spirited, and flourishing community, such a vast multitude of our poorer fellow-subjects, the instruments by whose hands these riches were created, condemned for no fault of their own to the evils so justly complained of, and placed in situations where it is almost impracticable for them to preserve health or decency of deportment, or to keep themselves and their children from moral and physical contamination. To require them to be clean, sober, cheerful, contented under such circumstances would be a vain and unreasonable expectation. There is no building Act to enforce the dwellings of these workmen being properly constructed; no drainage Act to enforce their being properly drained; no general or local regulation to

* 1840. P.P., vol. xi. p. 13.

enforce the commonest provisions for cleanliness and comfort."

Lurid as were the details thus made public of the condition in which the vast masses of the people in London were living, neither Parliament nor the Government took any action beyond ordering successive inquiries by Poor Law Commissioners, or Committees of the House of Commons, or Royal Commissions.

Before one of these Commissions* the following striking evidence was given—evidence which it might reasonably be expected would have moved any Government to immediate action:—

"Every day's experience convinces me," deposed the witness,† "that a very large proportion of these evils is capable of being removed; that if proper attention were paid to sanitary measures, the mortality of these districts would be most materially diminished, perhaps in some places one-third, and in others even a half.

. . . . .

"The poorer classes in these neglected localities and dwellings are exposed to causes of disease and death which are peculiar to them; the operation of these peculiar causes is steady, unceasing, sure; and the result is the same as if twenty or thirty thousand of these people were annually taken out of their wretched dwellings and put to death—the actual fact being that they are allowed to remain in them and die. I am now speaking of what silently but surely takes place every year in the metropolis alone."

But the Government took no action—beyond a Building Act which did little as regarded the housing of the people. No local bodies took action, and years were to pass before either Government or Parliament stirred in the matter.

In dealing historically with matters relating to London as a whole, it is to be remembered that for a long time there had been practically two Londons—that defined and described as the "City," and the rest of London—that which

* Commission for inquiring into the state of large towns and populous districts, 1844.

† Dr. Southwood Smith, P.P. 1845, vol. xviii.

had no recognised boundaries, no vestige of corporate existence, and which can best be described by the word "metropolis."

The "City" was virtually the centre of London—the centre of its wealth, its industry, its geographical extent—a precisely defined area of some 720 acres, or about one square mile in extent, and originally surrounded by walls. Its boundaries had been fixed at an early period of our history, and had never been extended or enlarged. So densely was it covered with houses at the beginning of the nineteenth century, and so fully peopled, that there was practically no room for more, either of houses or people; and from then to the middle of that century its population was stationary—being close upon 128,000 at each of those periods.

Apart altogether from political influences, there were in the "City" powerful economic forces at work which profoundly affected the condition and circumstances of the people, not only of the "City," but of London.

These, which were by no means so evident at one time, became more and more pronounced as time went on.

All through the earlier part of the nineteenth century England was attaining to world pre-eminence by her commerce, her manufactures, and her wealth. The end of the great war with France saw her with a firm grip of all the commercial markets of the world. Her merchants pushed their trade in every quarter of the globe—her ships enjoyed almost a monopoly of the carrying trade of the world.

In this progress to greatness London took the foremost part, and became the greatest port and trade emporium of the kingdom, a great manufacturing city, and the financial centre of the world's trade.

It was upon this commerce that the prosperity and glory of London were built: it was by this commerce that the great bulk of the people gained their livelihood, and that a broad highway was opened to comfort, to opulence, and power. And so the commercial spirit—the spirit of acquiring and accumulating wealth—got ever greater possession of London.

That spirit had long been a great motive power in London ; it became more and more so as the century wore on, until almost everything was subordinated to it.

That indisputable fact must constantly be borne in mind as one reviews the sanitary and social condition of the people of London at and since that time. Other constant factors there were, also exercising vast influence—the constant factors of human passions and human failings—but widespread as were their effects, they were second to the all-powerful, the all-impelling motive and unceasing desire—commercial prosperity and success.

Synchronous with the rise in importance of the port of London, and with its trade and business assuming ever huger volume and variety, a noteworthy transformation took place.

The "City," by the very necessities of its enormous business, became gradually more and more a city of offices and marts, of warehouses and factories, of markets and exchanges, and houses long used as residences were pulled down, and larger and loftier ones erected in their place for business purposes.

In some places, moreover, ground was entirely cleared of houses for the construction of docks, or for the erection of great railway termini.

How marked were the effects of these changes is evidenced by the fact that from 17,190 inhabited houses in the "City" in 1801, the number had sunk to 14,575 in 1851.

The explanation was the simple economic one, that land in the "City" yielded a much larger income when let for business than for residential purposes. Offices and warehouses were absolutely essential in the "City" for business. What did it matter if people had to look for a residence in some other place? London was large. They could easily find room. And the process, without control of any sort or kind, and wholly unimpeded by legislation or governmental regulation, went on quite naturally—entailing though it did consequences of the very gravest character, then quite unthought of, or, if thought of, ignored or regarded as immaterial.

This then was, at that time, and still is, one of the great, if not indeed the greatest of the economic forces at work which has unceasingly dominated the housing of the people not only in the "City," but in the metropolis outside and surrounding the "City," and, in dominating their housing, powerfully affected also their sanitary and social condition.

The "City" was in the enjoyment of a powerful local governing body—namely, the Lord Mayor and Corporation, or Common Council, elected annually by the ratepayers; and numerous Acts of Parliament and Royal Charters had conferred sundry municipal powers upon them.

For that important branch of civic requirements—the regulation of the thoroughfares and the construction of houses and buildings—they had certain powers. The vastly more important sphere of civic welfare—namely, the matters affecting the sanitary condition of the inhabitants—was delegated by the Corporation to a body called the Commissioners of Sewers, annually elected by the Common Council out of their own body, some ninety in number. And these Commissioners had, in effect, authority in the City, directly or indirectly, over nearly every one of the physical conditions which were likely to affect the health or comfort of its inhabitants. They could also appoint a Medical Officer of Health to inform and advise them upon public health matters, and Inspectors to enforce the laws and regulations.

The "City" was thus in happy possession of a powerful local authority, and a large system of local government. And it stood in stately isolated grandeur, proud of, and satisfied with, its dignity, and privileges, and wealth; glorying in its own importance and splendour; content with its own system of government, and its powers for administering its municipal affairs, and indifferent to the existence of the greater London which had grown up around it, and which was ever becoming greater.

Greater indeed. The population of the "City" in 1851 was 128,000; that of the metropolis not far short of 2,500,000.

The number of inhabited houses in the "City" was hundreds short of 15,000. In the metropolis it was over 300,000.

The "City" was 720 acres in extent: what in 1855 was regarded as the metropolis was about 75,000 acres in extent.

And here, with no visible boundary of separation between them, were what were still "Parishes," but what were in reality great towns; not merely merged or rapidly merging into each other, but already merged into one great metropolis. Some of them even had a greater population than the "City" itself. St. Pancras, for instance, with 167,000 persons; St. Marylebone with 157,000, and Lambeth with 139,000.

Of that greater London—or, in effect, of London itself—there is a complicated and tangled story to tell.

Long before the middle of the nineteenth century had been reached, the time had passed when the "City" could contain the trade, and commerce, and manufactures, and business, which had grown up. They had overflowed into London outside the walls, and just as in the "City" the great economic forces produced certain definite changes in the circumstances and sanitary condition of the people living therein, so, in the greater London, the commercial spirit radiating gradually outwards, produced precisely similar results, only on a far wider scale, and with more potent effect.

Trade, and commerce, and wealth, and population, were increasing by leaps and bounds; and like the rings which year by year are added to the trunk of a tree, so year by year, decade by decade, London—the metropolis—spread out, and grew, and grew. From something under one million of inhabitants in 1801, the population increased to nearly two and a half millions in 1851, partly by natural increase, due to the number of those who were born being greater than of those who died, partly by immigration from the country.

This was London, in the large sense of the title—London, the great metropolis which had never received recognition

by the law as one great entity, and whose boundaries had never been fixed, either by enactment, charter, or custom.*

Dependent as is the public health, or sanitary and social condition of the people, upon the circumstances in which they find themselves placed, and the economic forces which are constantly at work moulding those circumstances, it is in as great a degree dependent on the system of local government in existence at the time, upon the scope and efficacy of the laws entrusted to the local authorities to administer, and upon the administration of those laws by those authorities.

As for local government—unlike the "City"—this greater London was without form and almost void. With the exception of the Poor Law Authority—the Boards of Guardians—whose sphere of duty was distinctly limited, there was, outside the boundaries of the "City," not even the framework of a system of such government; and the confusion and chaos became ever greater as years went on and London grew.

There was no authority so important as to have any extended area for municipal purposes under its control and management except certain bodies, five in number, entitled "Commissioners of Sewers," charged with duties in connection with the sewerage of their districts.

In some parishes some of the affairs of the parish were managed by the parishioners in open vestry assembled, at which assembly Churchwardens, Overseers of the Poor, and Surveyors of Highways were appointed to carry out certain limited classes of work. In others, the parishioners elected a select vestry to do the work of the parish.

But for many of the vitally important municipal affairs there were no authorities at all.

As the non-City and out-districts became more thickly peopled, and streets and houses increased in number, the inconvenience of there being practically no local government at all made itself felt.

In some cases, the owners of the estates which were

* Royal Commission, 1853–4, p. xii.

being so rapidly absorbed into London and being built upon, applied to Parliament for powers to regulate those estates.

In other cases, persons with interests in a special locality associated themselves together and obtained a private Act of Parliament giving them authority, under the name of Commissioners or Trustees, to tax and in a very limited way to govern a particular district or group of streets forming part of a parish. Thus it happened that a large number of petty bodies of all sorts and kinds came into existence. Any district, however small, was suffered to obtain a local Act of Parliament for the purpose of managing some of its affairs, and this, too, without any reference to the interests of the immediate neighbours, or of the metropolis as a whole. Most of the limited and somewhat primitive powers possessed by them were derived from an Act passed in 1817, * and related to the paving of streets and the prevention of nuisances therein. Some of these bodies were authorised to appoint surveyors or inspectors; also "scavengers, rakers, or cleaners" to carry away filth from streets and houses, but the exercise of such powers was, of course, purely optional. Indeed, there were scarcely any two parishes in London governed alike.

What the exact number of these various petty authorities was is unknown. Of paving boards alone, it is said that about the middle of the last century there were no less than eighty-four in the metropolis—nineteen of them being in one parish. The lighting of the parish of Lambeth was under the charge of nine local trusts. The affairs of St. Mary, Newington, were under the control of thirteen Boards or trusts, in addition to two turnpike trusts.†

In Westminster:—

"The Court of Burgesses and the Vestry retained general jurisdiction over the whole parish for certain purposes; but the numerous local Acts so effectually subdivided the control and distributed it among boards, commissioners, trustees, committees, and other independent bodies, that

* The Metropolitan Paving Act, 57 George III. cap. 29.
† See Report of Vestry, 1856–7.

uniformity, efficiency, and economy in local administration had become impossible." *

There were authorities exclusively for paving; authorities for street improvements; authorities for lighting; even authorities for a bridge across the river. In the course of years, several hundred such bodies had been created, without any relation one to the other, and without any central controlling authority, good, bad, or indifferent, by as many Acts of Parliament. They were mostly self-elected, or elected for life, or both; and were wholly irresponsible to the ratepayers, or indeed to any one else; nor were their proceedings in any way open to the public. Many of them had large staffs of well paid officials; and there were perpetual conflicts of jurisdiction between them, and an absolute want of anything approaching to municipal administration.

It has been roughly stated—roughly because there are no reliable figures—that there were about three hundred such bodies in London—"jostling, jarring, unscientific, cumbrous, and costly"—the very nature of many of them being "as little known to the rest of the community as that of the powers of darkness."

Add to these numerous, clashing, and incompetent authorities, various great public companies or corporations—the water companies, and gas companies, and dock companies, each with its own special rights—which were far more favourably and generously regarded by Parliament than were the rights of the public, and one has fairly enumerated the local governing bodies then existing in London.

In fact, in no parish of the great metropolis of London was there a local authority possessed of powers to deal in its own area with the multitudinous affairs affecting the health and well-being of the people.

Nor was there in the metropolis any central authority—no single body, representative or even otherwise—to attend to the great branches of municipal administration which affected and concerned the metropolis as a whole, and

* See Special Report of the Vestry, 1889, p. 208.

which could only be dealt with efficiently by the metropolis being treated as a whole.

The consequences to the inhabitants of London of the absence of any efficient form of local government were dire in character, terrible in extent, and unceasing in operation. The higher grades of society suffered in some degree, as disease, begotten in filth and nurtured in poverty, often invaded with disastrous consequences the homes of the well-to-do; but it was by the great mass of the industrial classes and the poorer people that the terrible burden of insanitation had to be borne, and upon them that it fell with the deadliest effect.

The non-existence of a central authority, or of any capable local authorities whose function it would have been to protect them from the causes of disease, had resulted in an insanitary condition which year after year entailed the waste of thousands upon thousands of lives. And the people, in the cruel circumstances of their position, were absolutely powerless to help themselves, and had no possible means of escape from the ever-present, all-surrounding danger.

The first absolute necessity of any sanitation whatever is the getting rid by deportation or destruction of all the filth daily made or left by man or beast, for such filth or refuse breeds all manner of disease, from the mildest up to the very worst types and sorts, and promptly becomes not only noxious to health, but fatal to life. The more rapidly and thoroughly, therefore, this riddance is effected, the better is it in every way for the general health of the public.

So far as the metropolis was concerned, this necessity had for generation after generation been very lightly regarded; and when at last it so forced itself upon public notice that it could no longer be ignored, the measures taken were wholly inadequate and ineffective.

What system there was in London as to the disposal of sewage throughout the earlier half of last century was based upon a Statute dating so far back as Henry VIII.'s reign, amended by another in William and Mary's reign. Under these Statutes certain bodies had been constituted by the

Crown as Commissioners of Sewers for certain portions of London, and charged with the duty of providing sewers and drains in their respective districts, and maintaining the same in proper working order.

But what might have been good enough for London in the sixteenth or seventeenth centuries was certainly not adequate in the nineteenth, when London had extended her borders in every direction, and her population had reached almost two and a half millions. Successive Parliaments had not troubled themselves about such a matter; and this neglect, which now appears almost incredible, was typical of the habitual attitude of the governing classes to the sanitary requirements of the masses of the population of the metropolis.

In the eighteen hundred and forties, five such bodies of Commissioners were in existence in London, each with a separate portion of the metropolis under its charge and exercising an independent sway in its own district; and when we collect the best testimony of that time as to their work and that of their predecessors, we have the clearest demonstration of their glaring incapacity, and of the utter inadequacy and inefficiency of the sewerage in their respective districts.

Many miles of sewers had, it is true, in process of time been constructed, and did exist, but much of the work had been so misdone that the cure was little better than the disease.

A river is always a great temptation to persons to get rid of things they want to get rid of, particularly when the things are nasty and otherwise not easily disposed of. Londoners only followed the general practice when they constructed their sewers so that they discharged their contents direct into the Thames. The majority of these sewers emptied themselves only at the time of low water; for as the tide rose the outlets of the sewers were closed, and the sewage was dammed back and became stagnant. When the tide had receded sufficiently to afford a vent for the pent-up sewage, it flowed out and deposited itself along the banks of the river, evolving gases of a foul and offensive

character. And then the sewage was not only carried up the river by the rising tide, but it was brought back again into the heart of the metropolis, there to mix with each day's fresh supply of sewage; the result being that "the portion of the river within the metropolitan district became scarcely less impure and offensive than the foulest of the sewers themselves."

This was bad enough, but there were miles of sewers which, through defects of construction or disrepair, did not even carry off the sewage from the houses and streets to the river, but had become "similar to elongated cesspools," and, as such, actual sources and creators of disease.

Incredible almost were the stupidities perpetrated by these Commissioners in regard to the construction of the sewers. At even so late a date as 1845 no survey had been made of the metropolis for the purposes of drainage; there was a different level in each of the districts, and no attempt was made to conform the works of the several districts to one general plan. Large sewers were made to discharge into smaller sewers. Some were higher than the cesspools which they were supposed to drain, whilst others had been so constructed that to be of any use the sewage would have had to flow uphill!

It might reasonably have been expected that in the nineteenth century, at least, the twenty parishes which formed the district of the Westminster Commissioners of Sewers would have been equal to producing an enlightened and capable body as Commissioners, but the Westminster Court of Sewers was certainly not such. Even their own chief surveyor, in 1847, stigmatised it as a body "totally incompetent to manage the great and important works committed to their care and control."

Upon it were builders, surveyors, architects, and district surveyors—a class of persons whose opinions "might certainly be biassed with relation to particular lines of drains and sewers."

Of another of the courts—namely, the Finsbury Court of Sewers—one of the Commission had been outlawed; another was a bankrupt.

It was stated at the time that "jobbery and favouritism and incompetence were rampant," and that the system was "radically wrong and rotten to the core." Certain it is that these bodies failed completely to cope with the requirements of the time. London was spreading out in all directions, and the increase of houses and population was very rapid. Practically no effort, however—certainly no adequate effort—was made by the various bodies of Commissioners to provide these new and growing districts with the means of getting rid of their sewage. And then, inasmuch as the sewage had somehow or other to be got rid of, and some substitute for sewers devised, the surface drains, and millstreams, and ditches were appropriated to use and converted into open sewers or "stagnant ponds of pestilential sewage."

London was "seamed with open ditches."

According to contemporary reports there were in Lambeth numerous open ditches of the most horrible description. Bermondsey was intersected by ditches of a similar character, and abounded with fever nests. Rotherhithe was the same. Hackney Brook, formerly "a pure stream," had become "a foul open sewer." * In St. Saviour's Union the sewers were in a dreadful condition . . . "the receptacle of all kinds of refuse, such as putrid fish, dead dogs, cats, &c. Greenwich was not drained or sewered."

What certainly was conclusively demonstrated was that the existence of several bodies of Commissioners, each with a district to itself, presented an insuperable obstacle to any general system of sewerage for greater London; and that one capable central authority was the first essential of an adequate and efficient system for London as a whole.

Thus, then, in this first essential of all sanitation—one might say of civilisation—no adequate provision was made by Parliament for the safety of the metropolis; whilst as to other essentials of sanitation, there were no laws for the prevention of the perpetration of every sanitary iniquity; and such authorities as there were failed absolutely to use even the few powers they possessed.

The defective and inefficient sewerage of the metropolis

* Report of Commission of 1845.

precluded the possibility of any proper system of house drainage, for there being few sewers there were few drains, and consequently instead of drains from the houses to the sewers there were cesspools under almost every house. At the census of 1841 there were over 270,000 houses in the metropolis. It was known, then, that most houses had a cesspool under them, and that a large number had two, three, or four under them. Some of them were so huge that the only name considered adequate to describe them was "cess-lake." In many districts even the houses in which the better classes lived had neither drain nor sewer—nothing but cesspools; and many of the very best portions of the West End were "literally honeycombed" with them. And so jealous was the law as regarded the rights of private property that so late as 1845 owners were not to be interfered with as regarded even their cesspools, no matter how great the nuisance might be to their neighbours, no matter how dangerous to the community at large. Indeed, the Commissioners of Sewers had no power to compel landlords or house-owners to make drains into the sewers, and of their own motion the landlords would take no action.

In the lower part of Westminster the Commissioners of Sewers had actually carried sewers along some of the streets, but they found "very little desire on the part of the landlords" to use them. "So long as the owners get their rent they do not care about drainage. . . . The landlords will not move; their property pays them very well; they will not put themselves to any expense; they are satisfied with it as it stands."

Strange level of satisfaction! when one reads the following evidence given two years later before the Metropolitan Sewers Commission:—

"There are hundreds, I may say thousands, of houses in this metropolis which have *no drainage whatever*, and the greater part of them have stinking, overflowing cesspools. And there are also hundreds of streets, courts, and alleys, that have no sewers; and how the drainage and filth is cleared away, and how the poor miserable inhabitants live in such places it is hard to tell.

"In pursuance of my duties, from time to time, I have visited very many places where filth was lying scattered about the rooms, vaults, cellars, areas, and yards, so thick, and so deep, that it was hardly possible to move for it. I have also seen in such places human beings living and sleeping in sunk rooms with filth from overflowing cesspools exuding through and running down the walls and over the floors. . . . The effects of the stench, effluvia, and poisonous gases constantly evolving from these foul accumulations were apparent in the haggard, wan, and swarthy countenances, and enfeebled limbs, of the poor creatures whom I found residing over and amongst these dens of pollution and wretchedness." *

And this witness was unable to refrain from passing a verdict upon what he had seen :—

"To allow such a state of things to exist is a blot upon this scientific and enlightened age, an age, too, teeming with so much wealth, refinement, and benevolence. Morality, and the whole economy of domestic existence, is outraged and deranged by so much suffering and misery. Let not, therefore, the morality, the health, the comfort of thousands of our fellow creatures in this metropolis be in the hands of those who care not about these things, but let good and wholesome laws be enacted to compel houses to be kept in a cleanly and healthy condition."

There were, it was said, "a formidable host of difficulties" as regarded the execution of improved works of house drainage.

There was the opposition of the proprietors on the ground of expense; there were the provisions of the Act of Parliament,† which were so intricate as to be almost unintelligible and unworkable; there was the want of a proper outfall for the sewage; and the want of a supply of water to wash away the filth—a possible explanation for the existing state of abomination, but certainly not a justification for the prolonged inaction of successive Parliaments and Governments in allowing affairs to reach

* J. Phillips, p. 63 Metropolitan Sewers Commission, 1847.
† See P.P. 1854–5, vol. liii. p. 249, &c.

so frightful a pass, and for dooming the people to a condition of things which it was entirely beyond their power to remedy even as regarded the single house they inhabited.

Just as everything connected with sewerage and drainage was so placidly neglected, and so fearfully bad, so also was it as regarded another matter of even more vital necessity, namely, the supply of water to the inhabitants of London for drinking, or for domestic, trade, or sanitary purposes.

"Water is essential as an article of food. Water is necessary to personal cleanliness. Water is essential to external cleansing, whether of houses, streets, closets, or sewers."

Manifestly, the supply of water was not a matter which the individual in a large community such as London could in any way make provision for by his own independent effort. And yet there was no public body in London, central or local, representative or otherwise, charged with the duty of securing to the people even the minimum quantity necessary for life.

Early in the seventeenth century the New River Company was formed for the supply of water to London. And as years went on Parliament evidently considered it fulfilled its obligations in this respect by making over to sundry private companies the right of supplying to the citizens of London this vital requirement, or, as it has been termed, this "life-blood of cities"; and Parliament had done this without even taking any guarantee or security for a proper distribution to the people, or for the purity of the water, or the sufficiency of its supply.

Practically, a generous Parliament had bestowed as a free gift upon these Water Companies the valuable monopoly, so far as London was concerned, of this necessity of life.

Although by the middle of the nineteenth century there was no portion of the metropolis into which the mains and pipes of some of the companies had not been carried, yet, as the companies were under no compulsion to supply it to

all houses, large numbers of houses, and particularly those of the poorer classes, received no supply. Indeed, in many parts of London there were whole streets in which not a single house had water laid on to the premises.

In the district supplied by the New River Company, containing about 900,000 persons, about one-third of the population were unsupplied; and in the very much smaller area of the Southwark Company's district about 30,000 persons had no supply.

Even in 1850 it was computed that 80,000 houses in London, inhabited by 640,000 persons, were unsupplied with water.

A very large proportion of the people could only obtain water from stand-pipes erected in the courts or places, and that only at intermittent periods, and for a very short time in the day; sometimes, indeed, only on alternate days, and not at all on Sunday.

"To these pipes," wrote a contemporary, "the inhabitants have to run, leaving their occupation, and collecting their share of this indispensable commodity in vessels of whatever kind might be at hand. The water is then kept in the close, ill-ventilated tenements they occupy until it is required for use."*

The quality of the water which was supplied by the companies left much to be desired. That supplied by the New River Company was, as a rule, fairly good in quality; but that supplied by the other companies was very much the reverse. Financial profit being their first and principal consideration, they got it from where it was obtainable at least capital outlay or cost, regardless of purity or impurity; and almost without exception took it from the Thames—"the great sewer of London"—took it, too, from precisely the places where the river was foulest and most contaminated by sewage and other filth; and as there were no filtering beds in which it could have been to some extent purified before its distribution to householders, its composition can best be imagined.

Looking at the great river even now in its purified state,

* Report of Medical Officer of Health for Clerkenwell, 1856.

as it sweeps under Westminster Bridge, any one would shudder at the idea of being compelled to drink its water in its muddy and unfiltered state, and of one's health and life being dependent on the supply from such a source. How infinitely more repugnant it must have been when the river was "the great sewer" of the metropolis.

The great shortage of company-supplied water compelled large numbers of people to have recourse to the pumps which still existed in considerable numbers in many parts of London, the water from which was drawn from shallow wells.

The water of these "slaughter wells," as they have been termed, appears to have combined all the worst features of water, and to have contained all the ingredients most dangerous to health.

"If," wrote a Medical Officer of Health some years later, "the soil through which the rain passes be composed of the refuse of centuries, if it be riddled with cesspools and the remains of cesspools, with leaky gas-pipes and porous sewers, if it has been the depository of the dead for generation after generation, the soil so polluted cannot yield water of any degree of purity."*

As all these "ifs" were grim actualities, the water of such wells was revolting in its impurity and deadly in its composition.

Of Clerkenwell it was indeed stated positively that "the shallow-well water of the parish received the drainage water of Highgate cemetery, of numerous burial grounds, and of the innumerable cesspools in the district."

On the south side of the river the water in most of the shallow wells was tidal—from the Thames, which is a sufficient description of the quality thereof—and where people did not live close enough to the river to draw water from it for their daily wants, they took it from these tidal wells. Vile as it was, it had to be used in default of any better.

Where such wells were not available, the water for all

* See Report of Medical Officer of Health for St. Giles'.

household consumption was taken from tidal ditches which were to all intents and purposes only open sewers. A contemporary report gives a graphic picture of this form of supply * :—

"In Jacob's Island (in Bermondsey) may be seen at any time of the day women dipping water, with pails attached by ropes to the backs of the houses, from a foul, fœtid ditch, its banks coated with a compound of mud and filth, and with offal and carrion—the water to be used for every purpose, culinary ones not excepted."

An adequate supply of wholesome water has for very long been recognised as of primary sanitary importance to all populations, but with a densely crowded town population the need of care as to the quality of the supplies is peculiarly urgent. And yet, through the indifference of successive Governments, the people of the great metropolis of London were most inadequately supplied with water, and what water was supplied to the great mass of them, or was available for them, was of the foulest and most dangerous description. The inadequacy of supply not alone put a constant premium upon dirt and uncleanliness, both in house and person, but it intensified the evils of the existing sewers and drains, as without water efficient drainage was impossible. And the horrible impurity of the water affected disastrously and continuously the health of the great mass of the people.

Many dire lessons, costing thousands upon thousands of lives, were needed before it was borne in on the Government of the country that the arrangements regarding the supply of water for the people of London required radical amendment.

Much of the health of a city depends upon the width of its thoroughfares, the free circulation of air in its streets and around its buildings, and the sound and sanitary construction of its houses.

In every one of these respects all the central parts of London were remarkably defective. The great metropolis had grown, and had been permitted to grow, mostly at

* Report of General Board of Health, 1850.

haphazard. Large parks and open spaces there were in the richer and more well-to-do parts, and some handsome thoroughfares; but "there were districts in London through which no great thoroughfares passed, and which were wholly occupied by a dense population composed of the lowest class of persons, who, being entirely secluded from the observation and influence of better educated neighbours, exhibited a state of moral degradation deeply to be deplored."*

Parliament had taken some interest as to the width of the streets, and had shown some anxiety for improvements in them. Hence, much local and general legislation was from time to time directed to control the erection of buildings beyond the regular lines of buildings. Thus the Metropolitan Paving Act, 1817, contained stringent provisions as to projections which might obstruct the circulation of air and light, or be inconvenient or incommodious to passengers along carriage or foot ways in certain parts of the metropolis.

In 1828 the Act for Consolidating the Metropolis Turnpike Trusts, also, contained certain restrictive provisions, but these were rendered futile by the construction put upon its terms by the magistrates.

Again, in 1844, further enactments were made by the Metropolitan Building Act to restrain projections from buildings; but after a short administration of its provisions it was found that shops built on the gardens in front of the houses, or on the forecourts of areas, did not come within the terms of the Act. And so the Act, in that very important respect, was useless.

The action of Parliament had been mainly prompted by the necessity for increased facilities of communication, and by the desire to safeguard house property from destruction by fire; whilst the most important of all aspects of the housing of the people—namely, the sanitary aspect—received no consideration, and was completely ignored as a thing of no consequence.

* Report of Select Committee of the House of Commons, P.P. 1838, vol. xxviii.

But whatever the motive of action by Parliament, the ensuing legislation was in the main inoperative or ineffective. The resolution of landowners to secure the highest prices for their property, and the determination of builders, once they got possession of any land, to utilise every inch of it for building, and so to make the utmost money they could out of it, defeated the somewhat loosely drawn enactments. Means of evading the legislative provisions were promptly discovered, and, in despite of legislation, builders, architects, and surveyors of the metropolis were unrestrained in their encroachments upon areas and forecourts—at times even were successful in breaking the existing lines of buildings in metropolitan streets or roads by encroachments which were only discovered too late to be prevented.

Nor was there anything to prevent houses being built on uncovered spaces at the backs of existing buildings, thus taking up whatever air-space had been left between the previous buildings. Hence, great blocks of ground absolutely covered with buildings, back to back, side to side, any way so long as a building could by any ingenuity be fitted in. Hence the culs-de-sac, the small and stifling courts and alleys. Nor were there any regulations forbidding certain kinds of buildings which would be injurious to the health of their inhabitants. Hence the mean and flimsy and insanitary houses which were being erected in the outer circle of the metropolis, and which wrought havoc with the health and lives of the people. Hence, too, the erection, on areas and forecourts, of buildings which narrowed the streets, diminished the air-spaces and means of ventilation, and destroyed the appearance of the localities.

And once up they had come to stay; for years were to pass before the Legislature created any effective means for securing their amelioration, and for generations they were permitted to exercise their evil and deadly sway over the people, and to scatter broadcast throughout the community the seeds of disease and death.

The then existing actual state of the case was summed up by Dr. Southwood Smith in his evidence before the Select Committee of the House of Commons in 1840:—

"At present no more regard is paid in the construction of houses to the health of the inhabitants than is paid to the health of pigs in making sties for them. In point of fact there is not so much attention paid to it."

Legislation against some of the evils which had already reached huge proportions, and which, as London grew, were spreading and developing, was not alone ineffective, but earlier legislation, in one notorious Act, had been the direct incentive to, and cause of evils. This was the Act which imposed a tax upon windows.* In effect this Act said to the builder, "Plan your houses with as few openings as possible. Let every house be ill-ventilated by shutting out the light and air, and as a reward for your ingenuity you shall be subject to a less amount of taxation." †

The builder acted upon this counsel, and the tax operated as a premium upon the omission from a building of every window which could by any device be spared; with the result that passages, closets, cellars, and roofs—the very places where mephitic vapours were most apt to lodge—were left almost entirely without ventilation.‡

In effect, the window duties compelled multitudes to live and breathe in darkened rooms and poisoned air, and with a rapidly increasing population the evils resulting therefrom were being steadily intensified.

Admirable was the comment passed upon the tax in 1843:—

"Health is the capital of the working man, and nothing can justify a tax affecting the health of the people, and especially of the labouring community, whose bodily health and strength constitute their wealth, and, oftentimes, their only possession. It is a tax upon light and air, a tax more vicious in principle and more injurious in its practical consequences than a tax upon food."

Not until 1851 was the tax abandoned, but its evil con-

* 38 George III. cap. 40.

† An opening only a foot square cost an additional 8s. 3d. tax per annum.

‡ 1843, Commissioners on State of Towns. Evidence of W. E. Hickson, p. 436.

sequences, wrought in stone and embodied in bricks and mortar, endured many a long year after.

The existing laws or regulations as to building were wholly inadequate to secure healthy houses. And there was no public authority with power to compel attention to the internal condition of houses so as to prevent their continuance in such a filthy and unwholesome state as to endanger the health of the public. There was no power to compel house owners to make drains and carry them to the common sewer where it existed. No persons were appointed to carry into effect such communication. No persons were authorised to make inspection and to report upon these matters.

The poor, or, indeed, the working classes generally, were powerless to alter or amend the construction of the dwellings in which they were compelled to reside, still less to alter their surroundings. Any improvement in the condition of their dwellings could only be by voluntary action on the part of the landlords, or of interference by Government to compel that measure of justice to the poor, and of economy to the ratepayers.

Parliament failed to interfere with any effect; and as to the landlords or house-owners, their interest ran all the other way.

Few persons of large capital built houses as a speculation, or had anything to do with them. Many, however, who were desirous of making the highest possible interest on their money acquired either freehold or leasehold land, and built cheap and ill-constructed houses upon it without the least regard to the health of the future inmates.

And the small landlords were often the most unscrupulous with regard to the condition of the houses they let, and exacted the highest rents.

Inasmuch as this freedom as regarded house construction had been going on almost from time immemorial, it was not only the newly-built houses which were bad. Earlier built houses had rapidly fallen into disrepair and semi-ruin, and were steadily going from bad to worse, and becoming ever less and less suitable for human dwellings.

The following description* of parts of St. Giles and Spitalfields shows what, under a state of freedom as to building, had been attained to in 1840, and is typical of what so extensively prevailed in the central parts of London :—

"Those districts are composed almost entirely of small courts, very small and very narrow, the access to them being only under gateways; in many cases they have been larger courts originally, and afterwards built in again with houses back to back, without any outlet behind, and only consisting of two rooms, and almost a ladder for a staircase; and those houses are occupied by an immense number of inhabitants; they are all as dark as possible, and as filthy as it is possible for any place to be, arising from want of air and light."

Here is another description—that of "Christopher Court," a cul-de-sac in Whitechapel—given, in 1848, by Dr. Allison, one of the surgeons of the Union:—

"This was one of the dirtiest places which human beings ever visited—the horrible stench which polluted the place seemed to be closed in hermetically among the people; not a breath of fresh air reached them—all was abominable."

It is needless to multiply instances. There is a dreadful unanimity of testimony from all parts of London as to the miserable character and condition of the houses in which in the middle of the nineteenth century the industrial and the lower classes were forced to live; the deficiency or total absence of drainage, the universal filth and abomination of every kind, the fearful overcrowding, the ravages of every type of disease, and the absolute misery in which masses struggled for existence.

The density of houses upon an area has long been recognised as one of the great contributing causes to the ill-health of a community, but when coupled with the overcrowding of human beings in those houses, the combined results are always disastrous in the extreme.

* Select Committee, 1840. Evidence of J. Pennethorne, p. 166.

Overcrowding had been a long-standing evil in London; had existed far back in history.

As London had grown, the evil had grown; and about the middle of the last century it was immeasurably greater than ever before, and its disastrous consequences were on a vastly larger scale.

The great economic forces which resulted, in certain districts of London, in the destruction of houses and great clearances of ground, had largely reduced the available accommodation for dwellings, and the expelled inhabitants, chained to the locality by the fact of their livelihood being dependent upon their residence being close by, were forced to invade the yet remaining places in the neighbourhood suited to their means. As the circle of possible habitations contracted, while the numbers seeking accommodation therein increased, a larger population was crowded into an ever-diminishing number of houses.

It was also a most unfortunate but apparently inevitable consequence that once a beginning was made to improve some of the streets and thoroughfares of London, and to substitute in any district a better class of houses and shops for those actually existing, the improvements necessarily involved increased overcrowding in that particular locality and in those adjoining it. But so it was.

Thus, in the eighteen hundred and forties a new street—New Oxford Street—was formed. It was driven through "a hive of human beings, a locality overflowing with human life." Evidence given before the Commission in 1847 described the results:—

"The effect has been to lessen the population of my neighbourhood by about 5,000 people, and therefore to improve it at the expense of other parts of London. Some have gone to the streets leading to Drury Lane, some to St. Luke's, Whitechapel, but more to St. Marylebone and St. Pancras. The vestries of St. Marylebone and St. Pancras disliked this very much. Places in the two latter parishes which were before bad enough are now intolerable, owing to the number of poor who formerly lived in St. Giles'."

And a year or so later, from across the river, came the complaint from Lambeth that "owing to the number of houses pulled down in Westminster and other places, there had been a great influx of Irish and other labourers which necessarily caused a great overcrowding of the miserable domiciles already overfull."

This Lambeth complaint is specially interesting, as it refers to another great cause of overcrowding—the constant immigration into London of labourers and poor people in search of work or food.

Owing to the ever increasing and urgent demand for house accommodation for the working and poorer classes, it became a very remunerative proceeding for the occupier of a house to sub-let it in portions to separate families or individuals, and the practice gradually extended to and absorbed streets hitherto belonging to the better class. The owner of a property let his whole house to a tenant; this tenant, seeing an easy way of making money, sub-let the rooms in it in twos or threes, or even separately, at a very profitable rate to individual tenants. Nor did the sub-letting end here, for these tenants let off even the sides or corners of their room or rooms to individuals or families who were unable to bear the expense of a whole room. And so the house sank at once into being a "tenement house"—that prolific source of the very worst evils, sanitary, physical, and moral, to those who inhabited them.

Even the underground kitchens and cellars, which were never intended for human habitation, were let to tenants, and thus turned to financial profit.* It mattered not that they were without air or ventilation, or even light; it mattered not that they were damp, or sometimes even inundated with the overflow of cesspools; it mattered not that they were inhabited contrary to the provisions of Section 53 of the Building Act of 1844, for that section was of no operative effect whatever. It is true that "Overseers" were to report to the "Official Referees," who were

* P.P. 1854, vol. xlv. p. 2. In part of the parish of St. Marylebone only there were 1,132 underground or cellar dwellings.

to give notice to and inform the owners and occupiers of such dwellings as to the consequences of disobeying the Statute, and the "District Surveyor" was to carry out the directions of the Referees. But nothing was ever done—Overseers, District Surveyors, and Referees, all neglected their duties.

Overcrowding was usually at its worst in one-room tenements, and in an immense number of cases in the metropolis one room served for a family of the working or of the labouring classes. It was their bedroom, their kitchen, their wash-house, their sitting-room, their eating-room, and, when they did not follow any occupation elsewhere, it was their workroom and their shop. In this one room they were born, and lived, and slept, and died amidst the other inmates.

And still worse, in innumerable cases, more than one family lived in one room.

When this one room was in a badly drained, damp, ill-constructed, and unventilated house, reeking with a polluted atmosphere, and that house was in a narrow and hemmed-in, unventilated "court" or "place" or "alley"—as an immense number of them were—the maximum of evil consequences was attained.

The evils of overcrowding cannot be summed up in a phrase, nor be realised by the description, however graphic, of instance upon instance. The consequences to the individual living in an overcrowded room or dwelling were always disastrous, and, through the disastrous consequences to great masses of individuals, the whole community was affected in varying degree.

Physically, mentally, and morally, the overcrowded people suffered. Not a disease, not a human ill which flesh is heir to, but was nurtured and rendered more potent in the human hothouse of the overcrowded room; and the ensuing ill-health and diseases not alone doubled the death rate, but increased from ten to twenty-fold, at least, the number of victims of disease of one sort or another—diseases dealing rapid death, or slowly but surely sapping human strength and vitality.

In the report of the London Fever Hospital for 1845 a certain overcrowded room in the neighbourhood was described—a room which was filled to excess every night, sometimes from 90 to 100 men being in it; a room 33 feet long, 20 feet wide, and 7 feet high. From that one room alone no fewer than 130 persons affected with fever were received into the hospital in the course of the year.*

One, whose very close experience of the conditions of life and circumstances of the poorer classes of London at the time of the cholera epidemic of 1848–9 entitled him to speak with special authority on the subject, thus summed up his views and conclusions:—

"The members of the medical profession, in the presence of these physical evils, when they are, as so often happens, concentrated, find their science all but powerless; the minister of religion turns from these densely crowded and foul localities almost without hope; whilst the administrators of the law, especially the chaplains and governors of prisons, see that crime of every complexion is most rife where material degradation is most profound."†

And he quoted from the report of the Governors of the Houses of Correction at Coldbath Fields and Westminster the following passage:—

"The crowning cause of crime in the metropolis is, in my opinion, to be found in the shocking state of the habitations of the poor, their confined and fœtid localities, and the consequent necessity for consigning children to the streets for requisite air and exercise. These causes combine to produce a state of frightful demoralisation. The absence of cleanliness, of decency, of all decorum—the disregard of any needful separation of the sexes—the polluting language and the scenes of profligacy hourly occurring, all tend to foster idleness and vicious abandonment. Here I beg emphatically to record my conviction that this constitutes the *monster mischief*."

And then he himself adds:—

"If to considerations like these regarding the moral and

* See Hansard, vol. cxv. 1851 (Lord Ashley's speech).
† P.P. 1850, vol. xxi. p. 179 (Dr. Grainger).

religious aspect of this great question, be added those suggested by the indescribable physical sufferings inflicted on the labouring classes by the existing state of the public health in the metropolis, the conviction must of necessity follow, that the time is come when efforts in some degree commensurate with these great and pervading evils can no longer with safety be deferred."*

This opinion was expressed three years after the Royal Commissioners of 1847 had said in their report:—

"There appears to be no available (legal) means for the immediate prevention of overcrowding; all we can do is to point it out as a source of evil to be dealt with hereafter."

One gets a clue to the unceasing insanitary condition of the greater part of London and to the inhuman conduct of so many tenement house-owners when one realises that there was no legal punishment whatever for the perpetration and perpetuation of the insanitary abominations, no matter how noxious or dangerous they were, nor how rapidly or directly they led to disease or death. An order to abate a nuisance (which usually was not obeyed) appears to have been the only penalty, and it was only obtainable at great trouble and after great delays; and, even if obtained and the nuisance abated, there was nothing to prevent the offender at once starting the nuisance again. Offences of the most heinous description—amounting morally to deliberate murder—were perpetrated with absolute impunity. Houses which were scarcely ever free from fever cases were allowed to continue year after year levying their heavy death tax from the unfortunate inhabitants.

In Whitechapel one house, inhabited by twelve or fourteen families, was mentioned as scarcely free from fever cases for as many years.

"It is also a fearful fact that in almost every instance where patients die from fever, or are removed to the hospital or workhouse, their rooms are let as soon as possible to new tenants, and no precautions used, or warning given; and in some houses, perfect hotbeds of fever probably, where a

* P.P. 1850, vol. xxi.

patient dies or is removed, the first new-comer is put into the sick man's bed."

Sanitary improvement was almost a hopeless task. There was a dead weight of opposition to it in the ignorance and recklessness and indifference of the poorer classes, the very hopelessness of being able to improve their condition. And there was an active and bitter opposition from those house-owners or lessees who for their own financial profit exploited the poorer classes.

"There is one house in Spitalfields," said Dr. Lynch, "which has been the constant habitation of fever for fifteen years. I have enforced upon the landlord the necessity of cleansing and lime-washing it, but it has never been done!! . . . There are many landlords with whom nothing but immediate interest has any effect." *

The favourite principle that an Englishman's house was his castle was used as a defence against any suggestion that the malpractices committed therein should be curbed.

Others argued, "I am entitled to do what I like with my own."

"We everywhere find people ready to declare in respect to every evil: There is not any law that could compel its removal, the place complained of being private property."

All sorts of far-fetched and strained arguments were devised by them in the efforts to evade responsibility for the infamous condition of their property, and to defend and justify inaction.

Fortunately some voices began to be raised as to the persons upon whom both equitably and morally the responsibility lay of improving the condition of things.

"I would suggest," said a voice in 1837, "the idea of the landlords of many of the wretched filthy tenements being held responsible for their being tenantable, healthy, and cleanly."

And the Commissioners in 1844 reported:—

"There are some points on which the public safety demands the exercise of a power on the part of a public

* Dr. T. Lynch, Medical Officer of West London Union (Holborn).

authority to compel attention to the internal condition of houses so as to prevent their continuance in such a filthy and unwholesome state as to endanger the health of the public."

And they recommended that:—

"On complaint of the parish, medical, or other authorised officer, that any house or premises are in such a filthy and unwholesome state as to endanger the health of the public, the local authority have power to require the landlord to cleanse it properly without delay."

But ideas or recommendations were alike ignored by the Government and Parliament, and several years were to pass before any legislation was attempted which would make owners responsible for their misdeeds in matters affecting the public health, and would subject them to penalties for their misconduct.

There were many other causes contributing largely to the insanitary condition of the people of the metropolis, prominent, if not most deleterious, amongst them being the widely-prevalent practice of interring the dead in the already overcrowded churchyards or burial grounds in the midst of the most densely populated districts of London—a practice resulting in "the slaughter of the living by the dead."

Burial grounds long since utilised to their utmost for the disposal of the dead were utilised over and over again for graves which could only be dug in the débris of human remains, until the soil reeked with human decomposition; the surrounding atmosphere was polluted by the horrible process, and they became monstrous foci of infection.

How extensive this evil was may be realised from figures given by Mr. Chadwick in a report to the Government:—

"In the metropolis, on spaces of ground which do not exceed 203 acres, closely surrounded by the abodes of the living, layer upon layer, each consisting of a population numerically equivalent to a large army of 20,000 adults, and nearly 30,000 youths and children, is every year imperfectly interred. Within the period of the existence of

the present generation upwards of a million of dead must have been interred in those same spaces."

And he asserted that:—

"The emanations from human remains are of a nature to produce fatal disease, and to depress the general health of whoever is exposed to them; and interments in the vaults of churches, or in graveyards surrounded by inhabited houses, contribute to the mass of atmospheric and other impurities by which the general health and average duration of life of the inhabitants is diminished."

Too horribly gruesome and revolting are the descriptions of these graveyards—places where the dead were, so to speak, shovelled in as the filth of the streets is into scavengers' carts, and which "gave forth the mephitical effluvia of death"; such a one as that in Russell Court, off Drury Lane, where the whole ground, which by constant burials had been raised several feet, was "a mass of corruption" which polluted the air the living had to breathe, and poisoned the well water which in default of other they often had to drink. Or those in Rotherhithe, where "the interments were so numerous that the half-decomposed organic matter was often thrown up to make way for fresh graves, exposing sights disgusting, and emitting foul effluvia."

The master hand of Dickens has given a more vivid picture of one of these places than any to be found in Parliamentary Blue Books:—

"A hemmed-in churchyard, pestiferous and obscene, whence malignant diseases are communicated to the bodies of our dear brothers and sisters who have not departed. . . . Into a beastly scrap of ground, which a Turk would reject as a savage abomination, and a Caffre would shudder at, they bring our dear brother here departed to receive Christian burial. With houses looking on on every side, save where a reeking little tunnel of a court gives access to the iron gate—with every villainy of life in action close on death, and every poisonous element of death in action close on life—here they lower our dear brother down a foot or two; here sow him in corruption, to be raised in corrup-

tion; an avenging ghost at many a sick bedside; a shameful testimony to future ages, how civilisation and barbarism walked this boastful island together."

Interments in the vaults of the churches—then a common practice—were also a fruitful source of sickness and death. It mattered not whether or not the bodies were hermetically closed in leaden coffins, for "sooner or later every corpse buried in the vault of a church spreads the products of decomposition through the air which is breathed, as readily as if it had never been enclosed"; thus adding to the contamination of the atmosphere.

The death roll from this horrible condition of things cannot be gauged, but those most conversant with the matter were firmly convinced that it was the direct cause of fevers, and of all kinds of sickness among the people.

Pollution of the atmosphere which people had to breathe, and upon the purity of which the public health in varying degree depended, was caused also by various businesses and processes of manufacture grouped together under the name of "noxious trades," such as bone-boilers, india-rubber manufacturers, gut-scrapers, manure manufacturers, slaughterers of cattle, and many others.

In 1849* a description had been given of a street in Shoreditch which shows to what extent this evil had attained:—

"It is impossible to believe, passing through this main street, that so great a number of pigsties, bone-boileries, dog-and-cat's meat manufactories, and tallow-melting establishments, on a large scale . . . should exist in a densely-crowded and closely-built locality. The noxious trades and occupations which so greatly abound here exerted a most deleterious influence upon the health of the inhabitants."

Parliament, in 1844, had enacted with regard to several of these that it should not be lawful for any person to establish any such business at a less distance than 40 feet from the public way, or than 50 feet from any dwelling-house; and that it should not be lawful to erect a dwelling-house within 50 feet of such businesses.

* P.P. 1849–50, vol. xxi.

But these legislative restraints were utterly inadequate as any sort of check upon the evil; for, even if a nuisance were abated, there was no law to prevent its repetition, and so the evil promptly re-appeared. The stenches did not limit their sphere of action by feet, but distributed their abominations over large areas; and the manufacturers cared not what nuisances they subjected people to, nor how far the horrid smells were wafted by the winds, so long as they themselves could carry on a profitable business. And the intentions of Parliament were wholly frustrated by the District Surveyors, who were charged with the enforcement of the Act, and who wholly failed in their duty.

As for slaughter houses, until 1851 any person could start one who pleased, and practically where he pleased, subject only to the shadowy restriction of the common law as to doing anything which might be considered a nuisance.

And so these numerous and various abominations, mixed with the impurity of the atmosphere caused by the masses of smoke emitted from the chimneys of factories and private houses, and with the sickening smell from the Thames, spread sickness and death throughout great portions of the metropolis, and were one of the great causes of its insanitary condition.

II

Previous to the fifth decade of the last century it was only very rarely that the prevalence of disease, or any subject connected with the health of the community, received recognition by Parliament.

In 1840 the Medical Society of London, in a petition to Parliament, called attention to the increase of smallpox, and to its preventability by vaccination, and to the imperfect means of vaccination throughout the country.

The mortality from this—"one of the greatest pests that ever afflicted humanity"*—was very great. In one city in the south of England no less than 500 persons had died of

* Hansard, 1840, vol. liii. p. 1110.

it in one year. In London in 1839 upwards of 1,000 had died of it.

And Parliament, after an unusual amount of discussion, passed an Act* for extending the practice of vaccination, and enacted that Boards of Guardians might contract with their Medical Officers or other medical practitioners "for the vaccination of all persons resident in their Union or Parish."

And at the same time "inoculation" or "otherwise producing smallpox" was made penal—to the extent of one month's imprisonment.

In 1846 there was a sudden display of Parliamentary energy in health matters.

The total want of baths and wash-houses for the poorer classes of the people in the towns was brought under the notice of the Legislature, and, as it was deemed "desirable for the health, comfort, and welfare of the inhabitants of towns, &c., to encourage the establishment therein of baths, wash-houses, and open bathing places," an Act was passed giving power to the Parochial Authorities to establish such institutions and to borrow money for the purpose.†

Their provision would have tended to an increased degree of cleanliness among the people, and consequently an improved sanitary condition, but it was long before many of these institutions were established, the local authorities being slow in availing themselves of the facilities thus offered, and this piece of legislation—like every other of the sort—being purely permissive or facilitatory.

And in the same year Parliament so far awakened to the fact that certain causes of disease were removable, that in a preamble to an Act‡ it acknowledged that it was "highly expedient for the purposes of preserving the health of Her Majesty's subjects that better provision should be made for the removal of certain nuisances likely to promote or increase disease."

* 3 and 4 Vic. cap. 29.

† Expenses to be charged upon Borough Fund, and receipts to be paid into same.

‡ 9 and 10 Vic. cap. 96.

The better provision made by the Act did not amount to much. There were two forms of insanitary evil to be combated: one the chronic insanitary condition of the masses of the people, the other the invasion of the country by some exceptional or unusual epidemic disease.

As to the former, authority was given to certain public officers, on receipt of a certificate of two medical men, to complain of the existence of certain nuisances. The Justices before whom the case was heard might order the abatement of the nuisance; and if the order were not obeyed, the parties complaining might enter upon the necessary cleansing of such dwelling, and the cost of the same might be imposed on the owner or occupier.

In London, the power of complaint was vested in the officers of those petty local bodies which have already been described, and, in their default, in the Boards of Guardians.

Ludicrous, truly, was the idea that the countless thousands of nuisances existing in London could be remedied, or even temporarily abated, by so cumbrous, dilatory, and complicated a procedure as the complaint of an individual backed by the certificate (which would have to be paid for) of two doctors to the officer of a more or less hostile and self-interested local body, who might or might not bring the complaint before the Justices, whose decision, even if it were in favour of the complainant, could only effect a reform so far as the precise nuisance complained of was concerned, and that only temporarily, for were the nuisance renewed the whole procedure would have to be gone through again.

Yet this was the "better provision" propounded and enacted by Parliament in 1846 for the regeneration of the sanitary condition of the great masses of the people of London. Nor was it even intended to be permanently available, for the Act was only to be in force for two years.

The dreadful nemesis for such dense inappreciation by Parliament of its obligations to the community was, unfortunately, soon to fall heavily upon the unhappy people of the metropolis. Thousands of miles away in Hindoostan,

Asiatic cholera of a deadly type had been playing havoc with the people of the country. Thence it was slowly but steadily moving westward; so much so that the desirability of making some preparations for defence against its invasion of England became apparent; and in 1847 a Royal Commission was appointed to "inquire whether any, and what, special means might be requisite for the improvement of the health of the metropolis, with regard more especially to the better house, street, and land drainage, . . . the better supply of water for domestic use, &c., &c., &c."

One important conclusion was at once forced upon the Commissioners, namely, that the great and vital task of making adequate provision for the sewerage of London could not be accomplished so long as it was entrusted to several bodies, each with a district of its own.

"Everything," they said, "pointed to the necessity of operations being superintended by one competent body"; and they declared that it was expedient that a Commission for the entire drainage of the whole of the metropolis should be appointed with a special view to such measures, and with aid to carry them out.

This report was followed in the ensuing year (1848) by an Act of Parliament* abolishing the various Commissions of Sewers (except those of the City), and creating in their stead one executive body whose members were to be appointed by the Crown.

Wide powers were given to this central body: among them that no house was to be built or re-built without proper drains, and without proper sanitary conveniences, and that if houses built before the passing of the Act were not properly drained, the Commissioners might order the work to be done.

The Metropolitan Commissioners of Sewers were duly appointed, and they divided the area over which they had jurisdiction into seven separate sub-districts, with a Commission for each.

The creation of this body constitutes a great landmark in the sanitary evolution of London, for it was the first recog-

* 11 and 12 Vic. cap. 112.

nition by Parliament of the great principle of the unity of London; of the necessity—at least so far as regarded one matter—for one central governing authority for the numerous populations, and bodies, and districts which were becoming welded together into one mighty town and one vast community.

It is true, the recognition extended only to this one matter, and that the Central Board was to be a Board nominated by the Crown, and without any vestige of representation upon it, but none the less was it a forward step towards a sounder and wiser system of government than that which had hitherto prevailed.

That the new body failed to prove equal to the task imposed upon it was due as well to the constituent members thereof as to the imperfections of the machinery devised by the Act. Its failure, however, in no way controverted the soundness of the great principle thus, for the first time, recognised by Parliament.

The evidence given before the Royal Commissioners brought into view the enormous area of filth and limitless insanitation in London: it displayed some of the principal sources of the excessive amount of disease and premature mortality; and to some extent it elucidated the principles and demonstrated the practicability of large measures of prevention. And it also disclosed the regrettable fact that since the epidemic of cholera in 1832 there had been little or no improvement in the sanitary condition of many parts of the metropolis—indeed, in most parts of it the evils were wider spread and acuter in form, whilst, owing to the increase of population, the numbers affected were vastly larger.

All the while the Commissioners were sitting, the evil seeds of insanitation were producing a tremendous crop, and events actually occurring at the moment emphasised the crying need for some means of grappling with the intolerable existing evils. The whole class of zymotic diseases —diseases which constitute the true gauge of the healthiness or unhealthiness of a community—received a rapid and immense development.* From 9,600 deaths from such

* P.P. 1850, vol. xxi. p. 4.

diseases in 1846, the number increased to 14,000 in 1847; and in this latter year the metropolis was visited by two epidemics which rendered the mortality of the last quarter of the year higher than that of any other quarter of any year since the new system of registration of deaths had been commenced.* Typhus fever produced fourfold its ordinary mortality—other diseases showed a similar increase—and towards the end of November influenza broke out and spread so suddenly and to such an extent that within five or six weeks it attacked no less than 500,000 persons out of 2,100,000—the then population of London. Altogether the excess of mortality in 1847 over 1845 was very close upon 50,000 persons.

The attitude of Parliament and of successive Governments about this period, as regarded the insanitary condition of the masses of the inhabitants of London, is now almost incomprehensible. The plea of ignorance cannot be urged in exculpation, for their own Blue Books and official returns were there to inform them. Moreover, the existence of similar evils throughout the country, where they were on a very much smaller scale, was recognised both by the Government and Parliament.

Lord Morpeth, a member of the Cabinet, speaking in 1848 in the House of Commons, said †:—

"It is far from any temporary evil, any transient visitant, against which our legislation is now called upon to provide. It is the abiding host of disease, the endemic and not the epidemic pestilence, the permanent overhanging mist of infection, the annual slaughter doubling in its ravages our bloodiest fields of conflict, that we are now summoned to grapple with."

Yet they resolutely shut their eyes to the huge mass of misery and fearful waste of life which was going on at their very doors, and all around them. This was proved beyond controversy by their action in 1848. In that year the Government introduced into Parliament a measure which was, in effect, a comprehensive sanitary code, and which, if

* Metropolitan Sanitary Commission, 1848, 2nd Report.
† Hansard, 1848, vol. xcvi. p. 392.

duly enforced, was capable of conferring vast benefit on the community at large.

Describing the provisions of the Bill, Lord Morpeth said :—

"It will be imperative upon the local administrative bodies to hold meetings for the transaction of business; to appoint a surveyor; to appoint an inspector of nuisances; to make public sewers; to substitute sufficient sewers in case old ones be discontinued; to require owners or occupiers to provide house-drains; to cleanse and water streets; to appoint or contract with scavengers to cleanse, cover, or fill up offensive ditches; . . . to provide sufficient supply of water for drainage, public and private, and for domestic use.

"The permissive powers to be granted to the local administrative bodies . . . include the power to make house-drains upon default of owner or occupier, to make bye-laws with respect to the removal of filth, to whitewash and purify houses after notice . . . to require that certain furnaces be made to consume their own smoke . . . to provide places for public recreation, to purchase and maintain water-works."

The Bill, which was duly passed and became an Act, in fact provided means for coping with many of the sorest dangers, it curbed some of the powers for evil which so many persons had such little scruple in exercising; it provided methods for bringing to punishment at least some of the evil-doers who hitherto had gone scot free; and it held out some prospects of the diminution of the huge death rate and still huger sick rate.

Though a somewhat similar Bill, introduced in 1847, and which was withdrawn, had included the metropolis, this Act did not apply to the metropolis. Its application was limited to the rest of England and Wales. London—the capital of the kingdom—was, it was said, "reserved for a separate Bill." "The separate Bill," however, did not make its appearance. The subtle, all-pervading influence of vested rights was too powerful for any such reform to be

attempted.* And so, the Government and Parliament, deliberately excluding the metropolis from this beneficial legislation, left untouched the centre and main emporium of disease, and left the people of London exposed on all sides to the merciless onslaught of the direst diseases which can afflict mankind.

Cholera, however, the only power able to awe the Government, was now so close at hand that some special provision had to be devised for the protection of the public health. Parliament, this time not excluding the metropolis, re-enacted the trumpery "Nuisance Removal and Diseases Prevention Act" of 1846, with some slight enlargements, and one important addition, namely, authority for the appointment by the Privy Council of a General Board of Health, which might issue directions and regulations for the prevention of epidemic and contagious disease.

Upon this slender thread Londoners were left dependent for such measures as might afford them some protection against the impending epidemic. No other help was at hand. Nor was there much time for help to be organised or preparations made, for cholera had reached Egypt and Constantinople, and by June, 1848, had crept forward to St. Petersburg. Isolated suspicious cases occurred in London in the summer of 1848,† then an undoubted case in Southwark on the 22nd of September, and then more undoubted cases, and the disease had secured a footing. As the winter approached it died down and ceased, having carried off some 468 victims.

The Privy Council had appointed a General Board of Health, and early in November the Board issued regulations directing the Guardians to take the necessary measures for the cleansing of houses, the abatement of nuisances, and generally for the removal of all matters injurious to health. To direct is one thing, to get obeyed is

* "Vested rights in crowded houses, deadly stenches, putrid water, foggy courts, and cesspools." See "Health by Act of Parliament," *Household Words*, 1850, vol. i.

† P.P. 1850, vol. xxi. p. 42.

another, and with some few exceptions, these directions were disregarded. Partly, the fault was Parliament's.

The Act, by naming various local authorities, had created a divided power, and consequently a divided responsibility, which resulted in inaction, neglect, delay, and loss of life; and though the General Board of Health might require the Boards of Guardians and other local bodies to put the regulations into force, they had no power to compel them to do so, and in default of such power the General Board of Health was almost helpless.

The cessation of the disease proved to be only temporary. Scarcely was 1849 entered on than the epidemic broke out again, steadily gathering momentum as the summer went on.

In Bethnal Green there was an outbreak in the night—sudden and panic-striking—"consternation and alarm were spread abroad—the hurried passing and re-passing of messengers, and the wailing of relatives, filled the streets with confusion and woe, and impressed all with a deep sense of awful calamity."

And the epidemic spread and spread until in one week in September (1849) the deaths from it amounted to 2,026.*

Were the full facts known, the mortality was doubtless far higher.

And then the epidemic began rapidly to abate, and by the end of the year had ceased, having slain some 14,600 victims.†

Numerous and important were the lessons inculcated by this disastrous epidemic. It afforded the most definite evidence that had yet been obtained of the influence upon health of local conditions and pre-disposing causes.

It showed that in the most violent and extensive outbreaks of the pestilence its virulence was invariably confined to circumscribed localities. It showed that the habitat of cholera and the habitat of fever were one and the same.

* P.P. 1850, vol. xxi. p. 110.

† In London in 1832–3 (population 1,682,000), the attacks were 14,144, the deaths were 6,729. 1848-9 (population 2,206,000), the attacks were about 30,000, the deaths about 14,600, so that in the last epidemic the deaths were more numerous than the attacks in 1832–3, whilst the attacks were more than double.

Deaths from cholera took place in the very same streets, and houses, and rooms, which had been again and again visited by fever; and rooms were pointed out where some of the poor people had recovered from fever in the spring to fall victims to cholera in the summer.

As it was tersely summed up by one of the most active and capable medical officers of the Board of Health:—

"We find but one cause of so much sickness, suffering and death—the prolific parent of all this diversified offspring —'filth.'

"It is in filth, in decomposing organic matter, that the main causes of epidemic diseases are to be sought out—filthy alleys, filthy houses, filthy air, filthy water, and filthy persons."

What the General Board of Health could do, it did, as was indeed to be expected from such sanitary enthusiasts as Lord Ashley, Dr. Southwood Smith, and Mr. Edwin Chadwick, but the local authorities were dilatory, lukewarm, or actually hostile, and their proceedings, where anything was done, were altogether inadequate for insuring those prompt, comprehensive, and vigorous measures so urgently demanded in the presence of a great and destructive epidemic such as malignant cholera.

The system of house-to-house visitation was essential for the discovery and checking of the disease, but, wrote the Board, "nothing effective was done or attempted in the metropolis. We repeatedly and earnestly urged upon the Boards of Guardians the importance to the saving of life of making immediate arrangements for special measures of prevention, but our representations were made in vain.

"The local authorities could not be induced to carry into effect the preventive measures we proposed."

Several unions and parishes, among whom were some of the most wealthy and populous, positively refused to comply with the directions of the Board.

In the case of Bethnal Green, just described, the Board issued a "Special Order." But even under these urgent circumstances "the Board of Guardians appointed no

medical officer for five days, they provided no nurses, they established no hospital, they opened no dispensary, they appointed one inspector of nuisances instead of two, and they made no provision for extensive and effectual lime-washing."

The explanation of the inaction and hostility of the local authorities lay in the fact that the various measures prescribed by the Act interfered with private interests, and especially with interests which were largely represented on the Boards of Guardians. Among the members of those boards there was often "an antagonistic power" at work which prevented proper attention being paid to the sanitary condition of the localities of the poor. In many instances, owners of small houses and cottage property, to which class of dwellings the provisions of the Act more particularly applied, were themselves members of such boards, and when this was not the case, they exerted an influence not the less powerful because it was indirect. This interest often conspired to impede efficient sanitary measures.*

Local interests also operated, the apprehension being that if active and really efficient measures were adopted the trade of the neighbourhood would suffer.

In one instance—an instructive one—where the epidemic had extensively prevailed among the poor, its existence was denied, and house-visitation resisted, till, after considerable delay and loss of life, a number of shopkeepers were attacked by the disease, and *then*, all opposition ceased.

The evidence of the unfitness of the local authorities charged with the administration of the Act for the duties imposed upon them was overwhelming. The unfortunate position was accentuated and intensified by the fact that the General Board of Health had no power either of compelling the local authorities to do their duty or of itself acting in default of their neglect; and the absence of this first essential of effective administration hampered and crippled its action.

The Board summed up its experience of this great visitation of 1848–9 :—

* Dr. Grainger, P.P. 1849–50, vol. xxi.

"The evidence shows that where combined sanitary arrangements have been carried into effect the outbreak of the pestilence has been sometimes averted; that where not prevented, its course has been gradually arrested.

"That where material improvements have been made in the condition of the dwellings of the labouring classes, there has been an entire exemption from the disease, and where minor improvements were made, the attacks have been less severe and less extensive.

"That with reference to the measure of prevention, the immunity from the disease has been in proportion to the extent to which those measures have been carried into effect systematically and promptly."

By the end of the year the epidemic was practically over. And then the usual thing took place.

It is described a few months later by Dr. Grainger, who wrote:—

"In many of the most densely populated districts the inspectors of nuisances have been dismissed, the cleansing operations have been relaxed, and there is too much reason to apprehend that the courts and alleys will lapse back again into their accustomed filth, . . . that houses proved by the evidence of medical officers, inspectors, and local authorities to be unfit for human habitation will long continue to remain 'pest-houses,' spreading disease around; and that, in the midst of these tolerated and accumulated evils, the industrious classes will continue as heretofore to be decimated by fever, or, should it again break out, by cholera." *

III

The "City" of London, though constituting territorially and by population but a small portion of the metropolis, affords much matter of deep interest in connection with the sanitary evolution of London, totally apart from those great economic forces emanating from it which have dominated the whole of London life.

* P.P. 1850, vol. xxi. p. 147.

The "City" differed mainly, as has already been pointed out, from "greater London" in that it had a real and active governing body for its local affairs, and that that body was possessed of considerable powers for dealing with the sanitary condition and requirements of its inhabitants. That those sanitary powers were annually delegated to a body entitled the Commissioners of Sewers in no way diminished its sanitary authority or weakened its efficiency, for that body was practically a Committee of its own, and had authority, directly or indirectly, over nearly every one of the physical conditions which were likely to affect the health or comfort of its inhabitants.

The "City" differed also in that it was able to obtain from the Government and Parliament powers which neither Government nor Parliament would grant to "greater London."

It differed too in that from 1848 onwards it was in beneficial enjoyment of the services of a Medical Officer of Health.

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But in many respects the "City" was a microcosm of the metropolis; and though possessed of a local government, yet was it cursed with evils which were the terrible legacy left it by the ignorance, indifference, neglect, incapacity, or cupidity, of previous generations.

The graphic reports of its Medical Officer of Health—Dr. John Simon—have left us a most vivid and valuable contemporary picture of the sanitary condition and surroundings of the people living in the favoured area about the middle of the last century, and they disclose, in no hesitating manner, the desperate evils prevalent therein.

The Thames, "with the immeasurable filth" which polluted it, and its acres of mud banks saturated with the reeking sewage of an immense population, vitiated the atmosphere of the City, just as it did that of other parts of London. But sewers there were in the City, of one sort or another, over forty miles of them, and some of the filth of the City was carried away, at least into the river.

House drainage into the sewers was, however, either

lamentably deficient or non-existent, and cesspools abounded —abounded so freely that "parts of the City might be described as having a cesspool-city excavated beneath it."

"It requires," reported Dr. Simon to his employers, "little medical knowledge to understand that animals will scarcely thrive in an atmosphere of their own decomposing excrements; yet such, strictly and literally speaking, is the air which a very large proportion of the inhabitants of the City are condemned to breathe. . . . In some instances, where the basement storey of a house is tenanted, the cesspool lies, perhaps merely boarded over, close beneath the feet of a family of human beings whom it surrounds uninterruptedly, whether they wake or sleep, with its fœtid pollution and poison."

For such evils, and such a state of things, he said, house drainage, with effective water supply, were the remedies which could alone avail; and it was only in the Session of 1848 that the authority to secure and enforce these remedies was vested by the Legislature in any public body whatsoever. The City was fortunately included, but the metropolis, with its two and a half millions of inhabitants, was unfortunately not.

The unrestricted supply of water, he pointed out, was the first essential of decency, of comfort, and of health; no civilisation of the poorer classes could exist without it; and any limitation to its use in the metropolis was a barrier which must maintain thousands in a state of the most unwholesome filth and degradation.

Even in the City, however, the supply of water was but "a fraction of what it should have been, and thousands of the population inhabited houses which had no supply of it."

Nor was what was supplied by the Water Companies much to boast of.

"The waters were conducted from their sources in open channels; they received in a large measure the surface-washing, the drainage, and even the sewage of the country through which they passed; they derived casual impurities from bathers and barges, and on their arrival were, after a

short subsidence in reservoirs, distributed without filtration to the public."

In some cases the scanty distribution was from a standpipe in a court or alley, for a very short time of the day. In other cases the water was delivered into butts or cisterns. Their condition is thus described :—

"In inspecting the courts and alleys of the 'City,'" he wrote, "one constantly sees butts, for the reception of water, either public or in the open yards of houses, or sometimes in their cellars; and these butts, dirty, mouldering, and coverless; receiving soot and all other impurities from the air; absorbing stench from the adjacent cesspool; inviting filth from insects, vermin, sparrows, cats, and children; their contents often augmented through a rain-water pipe by the washings of the roof, and every hour becoming fustier and more offensive. Nothing can be less like what water should be than the fluid obtained under such circumstances."

It is interesting to observe that the evils of the system of water supply by private companies were, even in the "City," so manifest that Dr. Simon expressed his opinion that the only satisfactory solution of the difficulty in connection therewith was the acquisition by the public authority of the control of the supply, and he urged the adoption of the principle of what is now denounced by some people as "municipal trading."

In every practical sense the sale of water in London was a monopoly.

"The individual customer," wrote Dr. Simon, "who is dissatisfied with his bargain can go to no other market; and however legitimate may be his claim to be supplied with this prime necessary of life at its cheapest rate, in the most efficient manner, and of the best possible quality, your Honourable Court (the Commissioners of Sewers) hitherto possesses no power to enforce it."

In the Public Health Act of 1848 the principle had been recognised by Parliament so far as towns in the country were concerned—local Boards of Health being authorised to provide their district with such a supply of

water as might be proper or sufficient, or to contract for such a supply. He urged that the City should obtain a similar power.

"All the advantages which could possibly be gained by competition, together with many benefits which no competition could ensure, would thus be realised to the population under your charge."

But that solution of the difficulty was more than half a century in advance of its accomplishment so far as either the "City" or "greater London" was concerned.

As to the atmosphere in the "City," there seems to have been no limit to the pollutions thereof, all of which were injurious to the health of the public.

Numerous noxious and offensive trades were carried on in the most crowded places.

Directly and indirectly, slaughtering of animals in the "City" was prejudicial to the health of the population, and exercised a most injurious influence upon the district.

The number of slaughter-houses registered and tolerated in the "City" in 1848 amounted to 138, and of these, in 58 cases, the slaughtering was carried out in the vaults and cellars.*

And there were very many noxious and offensive trades in close dependence upon "the original nuisance" of the slaughter-house, and round about it, "the concomitant and still more grievous nuisances of gut-spinning, tripe-dressing, bone-boiling, tallow-melting, paunch-cooking, &c., &c."

Certain it is that offensive businesses of these and other sorts were carried on by their owners with an absolute disregard to the comfort or health of the public.

The matter was a difficult one to deal with, as any severe restrictions might destroy the trade or manufacture and take away from the people the employment which gave them the means of earning a livelihood. Furthermore, such restrictions were usually resented as an infraction of personal liberty. Dr. Simon forcibly and conclusively answered this contention.

"It might," he wrote, "be an infraction of personal

* This was rendered illegal by the amended City Sewers Act of 1851.

liberty to interfere with a proprietor's right to make offensive smells within the limits of his own tenement, and for his own separate inhalation, but surely it is a still greater infraction of personal liberty when the proprietor, entitled as he is to but the joint use of an atmosphere which is the common property of his neighbourhood, assumes what is equivalent to a sole possession of it, and claims the right of diffusing through it some nauseous effluvium which others, equally with himself, are thus obliged to inhale."

Some improvement in this respect was rendered possible by the Act of 1851, which enacted that whatever trade or business might occasion noxious or offensive effluvia, or otherwise annoy the inhabitants of its neighbourhood, "shall" be required to employ the best known means for preventing or counteracting such annoyance.

But the remedy scarcely appears to have been availed of or enforced, and "greater London" was, as usual, excluded from the Act.

Another more constant pollution of the air was that resulting from intramural burial. "Overcrowding" in the "City" was not limited to the living; it extended even to the dead, and though the dead themselves had passed beyond any further possible harm from it, yet their overcrowding affected disastrously those they had left behind. Here the evils already described as existing in "greater London" existed also in acute form. Two thousand bodies or more were interred each year actually within the "City" area, and the burial grounds were densely packed. And "in all the larger parochial burying grounds, and in most others, the soil was saturated with animal matter undergoing slow decomposition."

And the vaults beneath the churches were "in many instances similarly overloaded with materials of putrefaction, and the atmosphere which should have been kept pure and without admixture for the living, was hourly tainted with the fœtid emanations of the dead. . . ."

In Dr. Simon's words:—

"Close beneath the feet of those who attend the services

of their church there often lies an almost solid pile of decomposing human remains, heaped as high as the vaulting will permit, and generally but very partially coffined."

The Metropolitan Burials Act of 1852 effected a great improvement in this respect by putting a term to the indefinite perpetuation of this horrible evil. It gave the Secretary of State power to prohibit further intramural burials, and it gave the "City," and other local authorities, the power to establish burial places beyond the boundaries of the metropolis. But, even when thus stopped, years had to elapse before the condition of intramural burial grounds and vaults would cease to vitiate the air around them.*

The atmosphere of the "City," the air which people breathed, was thus vitiated in varying degrees of intensity by numerous and various abominations—the polluted Thames, defective sewerage and drainage, offensive trades, intramural interments.

As regards the houses in which the people lived, these were crammed together—packed as closely together as builders' ingenuity could pack them—many of them combining every defect that houses could have, and so situated that ventilation was an impossibility.

"In very many parts of the City you find a number of courts, probably with very narrow inlets, diverging from the open street in such close succession that their backs adjoin, with no intermediate space whatsoever. Consequently each row of houses has but a single row of windows facing the confined court, and thus there is no possibility of ventilation, either through the court generally or through the houses which compose it. . . . Houses so constructed as to be as perfectly a cul-de-sac out of the court as the court is a cul-de-sac out of the street."†

And the climax of insanitary conditions was reached when these densely-packed houses were overcrowded by human beings.

* See P.P. 1854–5, vol. x., General Report of Medical Council.
† Simon, 1st Report, 1849.

The process of converting dwelling-houses into warehouses, or business offices, or for trade or manufactures was in full swing—a constant force—and so the number of houses for people to live in became ever fewer.

And the "tenement houses," in which the great bulk of the working classes lived, became more and more crowded; houses wherein "each holding or tenement, though very often consisting but of a single small room, receives its inmates without available restriction as to their sex or number, and without registration of the accommodation requisite for cleanliness, decency, and health."

The Census of 1851 had shown an increase of over 4,200 in the population of the "City," and a diminution of nearly 900 houses.

"Probably," wrote Dr. Simon, "for the most part it represents the continued influx of a poor population into localities undesirable for residence, and implies that habitations previously unwholesome by their overcrowdedness are now still more densely thronged by a squalid and sickly population. . . .

"It is no uncommon thing, in a room twelve feet square or less, to find three or four families styed together (perhaps with infectious disease among them), filling the same space night and day—men, women, and children, in the promiscuous intercourse of cattle. Of these inmates it is nearly superfluous to observe that in all offices of nature they are gregarious and public; that every instinct of personal or sexual decency is stifled; that every nakedness of life is uncovered there. . . . Who can wonder at what becomes, physically and morally, of infants begotten and born in these bestial crowds? . . ."

Of overcrowding or "pestilential heaping of human beings," this matter of "infinite importance," he wrote:—

"While it maintains physical filth that is indescribable, while it perpetuates fever and the allied disorders, while it creates mortality enough to mask the results of all your sanitary progress, its moral consequences are too dreadful to be detailed."

Pursuing his masterly analysis of the sanitary condition of the people in the "City" and its causes, he wrote :—

"Last and not least among the influences prejudicial to health in the City, as elsewhere, must be reckoned the social condition of the working classes. . . . Often in discussion of sanitary subjects before your Honourable Court, the filthy, or slovenly, or improvident, or destructive, or intemperate, or dishonest habits of these classes are cited as an explanation of the inefficiency of measures designed for their advantage. It is constantly urged that to bring improved domestic arrangements within the reach of such persons is a waste and a folly.

"It is unquestionable that in houses containing all the sanitary evils enumerated—undrained and waterless, and unventilated—there do dwell whole hordes of persons who struggle so little in self-defence against that which surrounds them that they may be considered almost indifferent to its existence, or almost acclimated to endure its continuance.

"It is too true that among the lower classes there are swarms of men and women who have yet to learn that human beings should dwell differently from cattle—swarms to whom personal cleanliness is utterly unknown; swarms by whom delicacy and decency in their social relations are quite unconceived.

"My sphere of duty lies within the City boundary.

"I studiously refrain from instituting comparisons with other metropolitan localities.

. . . . .

"I feel the deepest conviction that no sanitary system can be adequate to the requirements of the time, or can cure those radical evils which infest the under framework of society, unless the importance be distinctly recognised and the duty manfully undertaken of improving the social condition of the poor. . . .

"Who can wonder that the laws of society should at times be forgotten by those whom the eye of society

habitually overlooks, and whom the heart of society often appears to discard?

"To my duty it alone belongs, in such respects, to tell you where disease ravages the people under your charge, and wherefore; but while I lift the curtain to show you this—a curtain which propriety may gladly leave unraised—you cannot but see that side by side with pestilence there stalks a deadlier presence, blighting the moral existence of a rising population, rendering their hearts hopeless, their acts ruffianly and incestuous, and scattering, while Society averts her eyes, the retributive seeds of increase for crime, turbulence, and pauperism."

And what was the physical result of this state of living?

"In some spots in the City you would see houses, courts, and streets, where the habitual proportion of deaths is far beyond the heaviest pestilence rate known for any metropolitan district aggregately—localities where the habitual rate of death is more appalling than any such averages can enable you to conceive.

"Among their dense population it is rare to see any other appearance than that of squalid sickness and misery, and the children who are reproduced with the fertility of a rabbit warren perish in early infancy.

"The diseases of these localities are well marked. Scrofula more or less completely blights all that are born . . . often prolonging itself as a hereditary curse in the misbegotten offspring of those who, under such unnatural conditions, attain to maturity and procreation.

"Typhus prevails as a habitual pestilence.

"The death rate during the last five years has been at the rate of about twenty-four per 1,000 per annum.

"The City of London appears peculiarly fatal to infant life.

"Of the 15,597 persons who died within your jurisdiction in the five years 1847–8 to 1852–3, nearly three-eighths died in the first five years of life."

To his employers he mostly appeals. He hopes that the statements in his reports may suffice to convince them of

the necessity which exists in the "City" of London for some effectual and permanent sanitary organisation.

"For the metropolis generally there is hitherto no sanitary law such as you possess for your territory."

He pointed out that—

"Inspection of the most constant, most searching, most intelligent, and most trustworthy kind is that in which the provisional management of our said affairs must essentially consist.

. . . . .

"The committee was given power by the Act for the amendment or removal of houses presenting aggravated structural faults.

"Wherever your Medical Officer of Health may certify to you that any house or building is permanently unwholesome and unfit for human habitation, you are empowered to require of the owner (or in his neglect yourselves to undertake) the execution of whatever works may be requisite for rendering the house habitable with security to life."

And he urged that :—

"The principle might be distinctly recognised that the City will not tolerate within its municipal jurisdiction the continuance of houses absolutely incompatible with healthy habitation.

"Here terminates my statement of the powers now vested in you for the maintenance of the public health.

"Authority so complete for this noble purpose has never before been delegated to any municipal body in the country.

"If the deliberate promises of Science be not an empty delusion, it is practicable to reduce human mortality within your jurisdiction to nearly the half of the present prevalence."

The most valuable and weighty of all his conclusions was that affixing the responsibility for the existing mass of insanitation and consequent misery. With a courage worthy of all admiration he did not hesitate, regardless of the consequences to himself, to fix the responsibility and blame where they were due.

"The fact is that, except against wilful violence, life is very little cared for by the law."

Of Parliament he wrote :—

"Fragments of legislation there are, indeed, in all directions; enough to establish precedents, enough to testify some half-conscious possession of a principle; but for usefulness little beyond this. The statutes tell that now and then there has reached to high places the wail of physical suffering. They tell that our law makers, to the tether of a very scanty knowledge, have, not unwillingly, moved to the redress of some clamorous wrong. . . . But . . . their insufficiencies constitute a national scandal, . . . something not far removed from a national sin. . . .

"The landlord must be held responsible for the decent and wholesome condition of his property, and for such conduct of his tenants as will maintain that condition."

The clear, precise, and unqualified enunciation of such a principle must have given a shock to many of the members of the governing authority of the "City," and excited their wrath, the more especially as it was so absolutely sound and true.

"The death of a child by smallpox," he went on to say, "would in most instances call for a verdict of 'homicide by omission' against the parent who had neglected daily opportunities of giving it immunity from that disease by the simple process of vaccination; the death of an adult by typhus would commonly justify still stronger condemnation (though with more difficulty of fixing and proportioning the particular responsibility) against those who ignore the duties of property, and who knowingly let for the occupation of the poor dwellings unfit even for brute tenants, dwellings absolutely incompatible with health."

And then he proceeds to explain and justify and enlarge upon his assertion of the responsibility of the landlord.

"There are forty-five miles of sewerage in your jurisdiction, ready to receive the streams of private drainage, and leaving the owners of house property no excuse for the non-performance of necessary works. . . . But . . . the intentions of your Court, and the industry of its officers,

have been in great measure frustrated by the passive resistance of landlords. Delays and subterfuges have been had recourse to in order to avoid compliance with the injunctions of the Commission."

In his evidence before the Royal Commission of 1853–4 he said :—

"The poorer house property of the City is very often in the hands of wealthy people who have only the most general notion of its whereabouts, have perhaps never visited the place for which they receive rent, and in short know their property only through their agents.

"Instances have come to my knowledge of the very worst description of property being thus held ignorantly and carelessly by wealthy persons. Often for years we can get at no representative of the property other than the agent or collector who receives the weekly rent for some anonymous employer."

In his third Report to the Commissioners of Sewers he wrote :—

"It is easy to foresee the numerous obstacles which interested persons will set before you to delay the accomplishment of your great task.

"When your orders are addressed to some owner of objectionable property — of some property which is a constant source of nuisance, or disease, or death ; when you would force one person to refrain from tainting the general atmosphere with results of an offensive occupation ; when you would oblige another to see that his tenantry are better housed than cattle, and that, while he takes rent for lodging, he shall not give fever as an equivalent—amid these proceedings you will be reminded of the 'rights of property' and of 'an Englishman's inviolable claim to do as he will with his own.'

"Permit me to remind you that your law makes full recognition of these principles and that the cases in which sophistical appeal will often be made to them are exactly those which are most completely condemned by a full and fair application of the principles adverted to. With private affairs you interfere only when they become of public

import, with private liberty only when it becomes a public encroachment. The factory chimney that eclipses the light of heaven with unbroken clouds of smoke, the melting house that nauseates an entire parish, the slaughter-house that forms round itself a circle of dangerous disease—these surely are not private but *public* affairs.

"And how much more justly may the neighbour appeal to you against each such nuisance as an interference with his privacy; against the smoke, the stink, the fever that bursts through each inlet of his dwelling, intrudes on him at every hour, disturbs the enjoyment and shortens the duration of his life. And for the rights of property—they are not only pecuniary. Life, too, is a great property, and your Act (of 1851) asserts its rights."

"The landlord of some overthronged lodging house complains that to reduce the number of his tenantry, to lay on water, to erect privies, or to execute some other indispensable sanitary work, would diminish his rental—in the spirit of your Act it is held a sufficient reply that human life is at stake—and that a landlord in his dealings with the ignorant and indefensive poor cannot be suffered to estimate them at the value of cattle, to associate them in worse than bestial habits, or let to them for hire at however moderate a rent the certain occasions of suffering and death."

"Seeing the punctuality with which weekly visitation is made for the collection of rents in these wretched dwellings it would not be unreasonable to insist on some regulations for the clean and wholesome condition of his premises, water supply, and scavenging, &c."

Such a regulation would "render it indispensable to the landlord of such holdings to promote cleanly and decent habits among his tenants—even to obtain security for their good behaviour."

The picture thus presented of the sanitary condition of the people residing in the "City" about the middle of the last century is—it must be acknowledged—a terrible one; but it rests upon unimpeachable testimony.

The very grave and serious conclusion, however, follows

from it—that if the evils were thus terrible in the "City," with a comparatively small population, only a little more than a twentieth of that of the metropolis, and where there was a local government with wide powers for dealing with matters affecting the public health—how infinitely more serious was the condition of things in the "greater London" with its huge population, and where there was practically no local government, and no punitive law for insanitary misdoings and crimes.

In some degree, the evils the people suffered under were of their own making, though many excuses can be urged in extenuation. In some degree, too, the people were unquestionably the victims of circumstances. But in the main, they were the victims of other people's iniquities. It was those circumstances which the Government should have altered, or, at any rate, have endeavoured to control or modify—it was the unlimited power to do evil that the Government should have checked and curbed; but "greater London" was virtually left outside the pale of remedial legislative treatment by Parliament.

IV

The great cholera epidemic of 1848–9 had deeply stirred public feeling in London. It had destroyed 14,600 people (and diarrhœa, its satellite, had destroyed many thousands more), and it had been "accompanied by an amount of sickness and physical misery beyond computation." But even all its horrors, and all the proofs it afforded of the desperately insanitary condition of the masses in the metropolis, were not sufficient to induce the Government to depart from its policy of neglect, or to wring from Parliament measures which would lay the basis for the alleviation of the sufferings of the working population of the metropolis, or which would remove even a small part of the evils which fell so heavily upon those least able to sustain them, and least able to remove them.

The health of London was becoming worse every year. The number of persons dying from preventable disease had been steadily increasing.

One gleam of hope there was, however. An increasing number of persons were becoming interested in the health of the people, and were awakening to the gravity of the subject, and to the public discredit and inhuman scandal of the existing condition of things—an awakening of interest which, in February, 1850, reached to the extent of a public meeting.

The Bishop of London presided, and the meeting was rendered the more remarkable by speeches from Lord Ashley, then actively pressing sanitary and social questions forward, and by Charles Dickens.

Lord Ashley said:—

"The condition of the metropolis, in a sanitary point of view, was not only perilous to those who resided in it, but it was an absolute disgrace to the century in which they lived. It was a disgrace to their high-sounding professions of civilisation and morality. They were surrounded by every noxious influence—they were exposed to every deadly pestilence. . . . The water they drank, the air they breathed, the surface they walked on, and the ground beneath the surface, all were tainted and rife with the seeds of disease and death. . . .

"Let them look at another abomination—the existence of putrefying corpses in graveyards and in vaults amidst the habitations of the living—an abomination discountenanced by all the civilisation of modern days, as it was by that of the ancient days—the practice of intramural interments.

"Could anything be worse than the graveyards of the metropolis? Under a surface of ground not amounting to 250 acres there had been interred within thirty years in the metropolis far more than 1,500,000 human beings. What must be the condition of the atmosphere affected by the exhalations from that surface? . . .

"And what were the financial and social consequences of allowing such a state of things to exist?

"At least one-third of the pauperism of the country arose from the defective sanitary condition of large multitudes of the people. . . ."

Charles Dickens said :—

"The object of the resolution he was proposing was to bring the Metropolis within the provisions of the Public Health Act, most absurdly and monstrously excluded from its operation. . . . Infancy was made stunted, ugly, and full of pain; maturity made old; and old age imbecile.

"He knew of many places in London unsurpassed in the accumulated horrors of their long neglect by the dirtiest old spots in the dirtiest old towns under the worst old governments in Europe.

"The principal objectors to the improvements proposed were divided into two classes.

"The first consisted of the owners of small tenements, men who pushed themselves to the front of Boards of Guardians and parish Vestries, and were clamorous about the rating of their property; the other class was composed of gentlemen, more independent and less selfish, who had a weak leaning towards self-government. The first class generally proceeded upon the supposition that the compulsory improvement of their property when exceedingly defective would be very expensive. . . .

"No one," he went on to say, "who had any knowledge of the poor could fail to be deeply affected by their patience and their sympathy with one another—by the beautiful alacrity with which they helped each other in toil, in the day of suffering, in the hour of death.

"It hardly ever happened that any case of extreme protracted destitution found its way into the public prints without our reading at the same time of some ragged Samaritan sharing his last loaf or spending his last penny to relieve the poor miserable in the room upstairs or in the cellar underground. It was to develop in the poor people the virtue which nothing could eradicate, to raise them in the social scale as they should be raised, to lift them from a condition into which they did not allow their beast to sink, . . . to cleanse the foul air for the passage of

Christianity and education throughout the land, that the meeting was assembled. The object of their assembly was simply to help to set that right which was wrong before God and before man."

The realisation of this object, noble as it was, was not easily attainable.

The Vicar of St. Martin-in-the-Fields said that "the difficulty of legislation in these matters was to hit the medium between the rights of property and the rights of humanity." He might have added, with truth, that the difficulty had so far been met by sacrificing the rights of humanity to the rights of property.

Lord Ashley had pointed out that they "had to contend with ignorance, indifference, selfishness, and interest;" or as Lord Robert Grosvenor more vigorously expressed it, in a phrase which should live in history as giving the key to the mystery of the slow sanitary evolution of this great city, they had to contend against "vested interests in filth and dirt."

One thing was already absolutely clear, that it was hopeless to expect anything from the spontaneous action of land-owners or house-owners.

"They knew it was quite impossible," said the Bishop of Chichester, "to bring the owners of even one small court or alley, much less the owners or occupiers of any large district, to concur in any measure for the general good of their particular locality."

The fact was that nothing but the imperative directions of the law would secure the removal of evils or curtail the practice of infamous abuses—and even when the law was enacted for their remedy, nothing but its rigorous enforcement with adequate penalties would make it effective.

As the result of the meeting, a deputation waited on Lord John Russell, the then Prime Minister. His reply was not encouraging.

"In this city," he said, "there is very naturally and properly great jealousy of any interference either with local rights or individual will and freedom from control."

That great jealousy proved to be so powerful that nothing

was attempted by the Government except an abortive effort to deal with the loathsome and insanitary evils of intramural interments where vested interests were neither powerful nor loud voiced.

The Act was so defective that it never came into operation, and two more years elapsed before the Government again essayed to deal with the subject. And in the meanwhile that most horrible evil was permitted to work its will upon the dwellers in the metropolis.

To the enthusiasm of an individual, and not of the Government, was due the first effective attempt to grapple with one of the wide-spread, deep-seated evils which were working such havoc among the people. The most disastrous and vicious forms of overcrowding were at the time to be found in the so-called Common Lodging Houses—the sink of insanitary abominations.

These were the temporary and casual abodes of the dregs of London humanity—of the tramps, and the unfortunates, and the mendicants and criminals, male and female—when they could afford the penny or pence to pay for their night's lodging. In most cases these houses were low brothels and hotbeds of crime and moral degeneracy, their foul and filthy condition making them great sources and propagators of contagious and loathsome diseases.

In the "City" the authorities had power to regulate and control them. Not so, however, in the metropolis. There, no one had any authority in the matter, nor was there any authority for any one to have.

Lord Ashley, truly discerning that the one and only way of dealing with this evil was by regulation and constraint, introduced a Bill * and actually carried it through Parliament, and two years later got another Act † embodying amendments which made it more effective.

What the Common Lodging House owner or keeper—anxious to secure the utmost profits from his property and regardless of all consequences to others—would not do, he was, by those Acts, made to do.

* 14 and 15 Vic. cap. 28. † 16 and 17 Vic. cap. 41.

The houses which he devoted to this purpose, solely for his own profit, were placed under the control and inspection of the police, and had to be registered as "Common Lodging Houses." Overcrowding in them was checked by restricting the number of inmates who might be in each room; regulations (confirmed by a Secretary of State) were made, and steadily enforced, for the separation of the sexes; for the proper cleansing of the houses; and for compelling the keeper to give immediate notice of fever or any contagious or infectious disease occurring therein. The accumulation of refuse was to be prevented, and provision had to be made for adequate sanitary accommodation, for better drainage, and for sufficient water supply.

A very brief experience showed that great practical benefits resulted from thus regulating these houses, and the amount of sickness and mortality in them became astonishingly small, considering the character of their inmates and the localities where they were situated; and inasmuch as the number of such houses was nearly 5,000, and the population in them about 80,000, the benefit was a really substantial one.

How obstinate and pertinacious was the opposition of house-owners, or middlemen, to regulation and supervision of any kind is illustrated by a case reported by the Assistant Police Commissioner.* The owner of certain premises in St. Giles had been often applied to, without success, to remedy some gross sanitary defects therein which had resulted in the loss of life by fever. Brought to bay at last, at the Police Court, and ordered to remedy the evil, he said that he was willing to do all in his power to abate the nuisance . . . but, "he thought he ought not to be dictated to as to the way his property was to be managed." His words embodied the predominant spirit of the time. "There are," wrote the Assistant Police Commissioner in commenting upon this case, "owners of property whom nothing but the strong arm of the law can move."

Unfortunately the Act did not go far enough. Single

* P.P. 1854, vol. xxxv. p. 7.

rooms occupied by families did not come within its scope. They constituted an enormous proportion of the habitations of the people, and they were allowed to continue the prolific cause of sanitary evils and of physical and moral degradation.

Limited in its scope though the Act was, it afforded nevertheless one great object lesson—the lesson which since that time has been consistently preached by all who had actual experience as regarded the sanitary condition of the people of London—the lesson that the worst of the sanitary and social evils could only be effectually grappled with, on the one side by the supervision and regulation and constant inspection of the houses in which the poorer classes lived, and upon the other side by insistent compulsion of house-owners to maintain a certain standard of sanitation and cleanliness in those houses.

That, however, was a course which Parliament for many years did not think it desirable to adopt, and which, when adopted in a tentative and half-hearted sort of way, suffered the usual fate of sanitary legislation—that of being neglected, opposed, evaded, or thwarted by land-owners, house-owners, middlemen, and by hostile local authorities.

Lord Ashley also originated and succeeded in the same Session in obtaining from Parliament another Act of notable interest, namely, "The Labouring Classes Lodging Houses Act," * which aimed at increasing the quantity of houses for working men by facilitating the establishment of well-ordered houses for such persons.

It gave power to vestries to adopt the Act, and thereafter to purchase or lease land, and to erect houses thereon for the working classes, and to borrow money on the security of the rates for this purpose.

In advocating his plan in the House of Commons he enforced the importance of the reform. He said:—

"Until the domiciliary condition of the working classes were Christianised (he could use no less forcible a term) all hope of moral or social improvement was utterly vain. Though not the sole, it was one of the prime sources of the

* 14 and 15 Vic. cap. 34, 1851.

evils that beset their condition; it generated disease, ruined whole families by the intemperance it promoted, cut off or crippled thousands in the vigour of life, and filled the workhouses with widows and orphans." *

He specially mentioned one of the objections urged to this proposal for the construction of better houses—an objection which since then has invariably found expression when any amelioration of the housing of the working classes has been proposed to be done by a public authority.

"It was said those matters ought to be left to private speculation. He should much object to that. Private speculation was very much confined to the construction of the smallest houses, and of the lowest possible description, because it was out of these the most inordinate profits could be made. Private speculation was almost entirely in that direction."

He might have added that "private speculation" had hitherto had a completely free field in the sphere of housing, with all the evil results visible before them, and that it had aggravated and intensified the evil instead of removing or mitigating it.

The debate in Parliament was interesting, as it drew from the Home Secretary an expression of the Government view of the situation.

"After all," said Sir G. Grey, "it was not to the Government, it was rather to the efforts of individuals, and associations of individuals, that they must look for real and general improvement among the great body of the people. All that the Government could do was to remove obstacles in the way, and to present facilities by modifications of the law more useful than direct legislation." *

An "association of individuals" had already been formed —"The Society for Improving the Condition of the Labouring Classes"—and work of this class had to the extent of over £20,000 been carried out by it. The new piles of buildings erected were eagerly availed of by people of the working classes, and in a sanitary point of view they at once demonstrated their very satisfactory immunity from disease.

* See Hansard, 1851, vol. cxv.

The Act, however, being a voluntary or adoptive Act, was not likely to be adopted and put into force by those by whom a certain amount of financial liability might be incurred as the result. As a matter of fact it never was put in force by any vestry, and it remained a dead letter.

It was memorable, however, as embodying for the first time in legislation the idea that the housing of the people was a public matter with which a public authority might properly concern itself, even to the extent of competing with private enterprise, and pledging the rates as security.

The supply of water to London, both as regarded quality and quantity, had, since the epidemic of 1848–9, been engaging the attention of Committees of Parliament, the belief that the epidemic of cholera had been increased and propagated by the filthy and impure water having given an impetus to the demand for ameliorative measures. In 1852 an Act * was passed by which the companies taking their water from the Thames were required to remove their intakes to some place above Teddington Lock, where the tide would not affect it, and the sewage of London would not be intermixed with it. This was a considerable step in the right direction, for though the river above Teddington Lock received the sewage of many large towns and villages, it was at least free from contamination by the sewage and filth of the metropolis.

Other improvements were also enacted. Reservoirs within a certain distance of St. Paul's Cathedral were to be covered in, and all water intended for domestic use was to be filtered before being supplied to the consumer; and provision was also made for a constant supply of water by every company within five years after the passing of the Act.

But the companies were given five years within which to effect the removal of the intake from the foulest parts of the river to above tidal reach—and thus for a wholly unnecessary term the cause which had wrought such havoc among the people was permitted to continue its disastrous effects.

* "The Metropolis Water Act, 1852," 15 and 16 Vic. cap. 84.

V

The epidemic of cholera in 1849 had failed to produce any lasting effect upon the local authorities or the public opinion of London, and the nemesis of renewed neglect and indifference was once again to fall upon the metropolis.

Cholera had kept hovering about. In 1852 a number of suspicious cases occurred in various districts. In 1853 suspicion passed into certainty, and the disease assumed the form of an epidemic—as many as 102 deaths from it occurring in the first week in November. Then it died down.

In the following year it again appeared in more severe epidemic form over the whole of the metropolis. On one day—September 4th—there were 459 deaths from it. The climax was reached in the second week in September (almost the identical date on which the epidemic of 1849 occasioned the highest mortality) and there were 2,050 deaths from it.* In that one month 6,160 persons died from it, and from July 1st to December 16th, when it at last disappeared, there was a total mortality from cholera alone of 10,675 persons.

Every conclusion which had been arrived at as regards the disease during the previous epidemics was confirmed by this third great epidemic, and many previous theories passed into the region of proved facts. Cholera was once more proved to be a filth disease, and in the main confined to filthy localities. The more defective and abominable the methods of drainage, the larger the number of victims. The filthier and more contaminated the water supplied for drinking and household purposes, the more numerous the cases, and the more virulent the disease. This was demonstrated beyond further question.

The mortality on the south side of the Thames was above threefold what it was on the north side ; and both as regarded water supply and drainage, South London was in a worse sanitary state than North London. The water con-

* See P.P. 1854, vol. xlv. p. 22.

sumed by the population there was generally worse than that on the north. Lying lower, too, the drainage had less chance of being conveyed away, and in the miles upon miles of open sewer ditches it was left to rot and putrefy in close propinquity to the houses and to poison the air.

And the most remarkable proof was afforded by the effects of the consumption of water taken from different sources.

In 1849 both the Lambeth and the Southwark Water Companies pumped the water they supplied to their customers from the very foulest part of the Thames—near Hungerford Bridge—with equally diastrous results. In the course of the following years the Lambeth Company removed its source of supply to a part of the river above Teddington Lock—the Southwark Company, however, went on as before. In the epidemic of 1854 the inhabitants of houses supplied with the water by the latter company suffered eight times as much as those supplied by the better water of the Lambeth Company, whilst the number of persons who died in the houses where the impure was drunk was three and a half times greater than that in the houses where the purer water was supplied.

Of all the conclusions arrived at by those who had been engaged in combating the disease during this epidemic, the most important was that where cholera had become localised it was connected with obvious removable causes, and was in fact a preventable disease.

Most unfortunately, and reprehensibly, many of those who could have done most to prevent it failed signally to take action.

Once more, and this time in an accentuated degree, the wide-spread prevalence of the disease, and the frightful mortality, were distinctly due to the inertia, laxity, or deliberate neglect of those local authorities who by law were charged with the duty of cleansing localities and removing some of the causes of disease.

The General Board of Health, of which Sir Benjamin Hall was President, did all that it could do. Medical inspectors were appointed by it to visit all the parishes

most severely affected; and the fullest and minutest instructions were issued to the Boards of Guardians as to the course they should pursue, and the action they should take.

But several of the Boards of Guardians took no notice of the instructions sent them; others sent unsatisfactory replies. In not one of the parishes in which the epidemic was most fatal was the preventive machinery, sanitary and medical, organised in accordance with the instructions; and although some parishes did more than others, yet, speaking generally, the administration of the sanitary and medical relief measures by the Boards of Guardians was inefficient in character and extent, except in some of the larger and more healthy parishes where they were least wanted.*

At Rotherhithe, the Guardians declined to proceed with the removal of nuisances as entailing a useless expense. At Deptford, where cholera was at the worst, no Inspector of Nuisances was appointed, even for the emergency. Nor did Greenwich, where it was also bad, appoint one. In Bethnal Green, where memories ought to have been bitter, the authorities practically did nothing, although promising almost everything.

In Lambeth, the parish was left without any adequate protection against the epidemic; and it was only after urgent remonstrances by the Medical Inspector, and after his threatening to place himself in communication with the coroner in any cases of death occurring in localities where the proper cleansing measures had not been carried out, that he succeeded in obtaining the adoption of measures even to a limited extent.*

In Clerkenwell, the Guardians utterly disregarded the recommendations of the Board of Health, and from the first there was an openly expressed determination not in any way to be interfered with by the Board.

And the disastrous state of affairs was, that the Nuisances, &c., Removal Acts gave the Board of Health no power to enforce upon the Guardians the execution of the regulations made.

* See P.P. 1854–5, vol. xlv., Reports of General Board of Health.

The whole sanitary administration—so far as any existed in London—was in a state of chaos, and the various local authorities were able, with absolute impunity to themselves, to ignore and even defy the General Board of Health. Of these authorities, as has been already said, there was a multiplicity, and it was no infrequent occurrence to find the administrative authority of some of them in the hands of parties directly interested in the continuance of the existing state of matters, evil though those were. In fact, the "vested interests in filth and dirt" were a power in local administration in "greater London," and the practical result was that the great majority of the population of the metropolis were left without any protection against the ravages of epidemic or other preventable diseases.

The indifference of Parliament, moreover, had left London without any effective or systematic sanitary supervision; and in no part of it, except the "City," was there any officer conversant with the effect of local influences on the health of the population, or who could advise as to the sanitary measures which should be adopted.

The Board of Health having had it brought home to them that, with their limited powers, they were unable to introduce order into this chaos, or to enforce even the most elementary precautions against the spread of the disease, their President addressed a letter on the 29th of January, 1855, to Lord Palmerston, the then Home Secretary (and a few weeks later the Prime Minister), in which he set forth the exact state of affairs as ascertained by his own observation and by the experience of some of the best and most well-informed medical men in London.

In this letter he summarised the main causes of the insanitary condition in which the people of London were forced to live.

He wrote:—

"The evidence on the localising conditions of cholera given in the report of Dr. Sutherland points to the following as among the more prominent of the removable causes of zymotic disease.

"Open ditches as sewers. Want of sewers. Badly con-

structed sewers accumulating deposits and generating sewer gases.

"The pollution of the atmosphere in streets and within houses from untrapped drains, from sewer ventilating openings in streets, and from cesspools, whereby the air was contaminated and the sub-soil saturated with filth.

"Want of house drainage.

"The absence of any organised daily system of cleansing, and the consequent retention of house refuse in or near dwellings.

"Bad water, badly distributed. Unwholesome trades. Unwholesome vapours exhaled from the Thames. Cellar habitations.

"Neighbourhoods, the houses of which are closely packed together with narrow overcrowded streets, alleys and courts so constructed as to prevent ventilation. Houses structurally defective, filthy, unventilated, and overcrowded—absolutely unfit for human habitation."

And several others which need not be here enumerated.

"Lastly, and applying to all these—multiplicity of local authorities, and the want of sufficient powers in such authorities to deal with these evils."

"Great as these evils are in London," he wrote, ". . . there is not one among them that cannot be remedied if proper steps be taken.

"The first and most obvious necessity in the metropolis is to sweep away the existing chaos of local jurisdiction."

Included in that chaos were two Boards with great powers of taxation over which the ratepayers had no control.*

One of them consisted of the persons appointed under the Metropolitan Building Act of 1844, who, at a cost of £24,000 a year, entirely neglected their work. The other, the Commissioners of Sewers, who had demonstrated their utter incapacity, the cost of whose establishment was "something extraordinary," and who in the five years of their existence had only attempted one great work—"the

* See speech of Sir B. Hall in 1885 in House of Commons, Hansard, vol. cxxxvii. p. 715.

Victoria Sewer"—which cost a large sum, and which not many years after fell to ruins.

The great epidemic of cholera, its attendant panic, its gruesome accompaniments, its revelation of the actual condition of the masses, and of the rottenness of the local authorities, and the growing outcry against the iniquity of such a state of things in a civilised and Christian country, brought matters to a head.

The state of the Thames had also become a greater danger than ever to the community, and a more unbearable nuisance.

As described by *The Lancet* in July, 1855 :—

"The waters are swollen with the feculence of the myriads of living beings that dwell upon the banks, and with the waste of every manufacture that is too foul for utilisation. Wheresoever we go, whatsoever we eat or drink within the circle of London, we find tainted with the Thames. . . . No one having eyes, nose, or taste, can look upon the Thames and not be convinced that its waters are, year by year, and day by day, getting fouler and more pestilential. . . . The abominations, the corruptions we pour into the Thames, are not, as some falsely say, carried away into the sea. The sea rejects the loathsome tribute, and heaves it back again with every flow. Here, in the heart of the doomed city, it accumulates and destroys."

And the Government, compelled at last by the force of events to take some steps for the better sanitary government of the metropolis, and for remedying some of the evils the people suffered under, decided on taking action.

Acknowledging the necessity for giving local government to "greater London"—the "City" of course already had its own—it proposed the creation of a central authority which should deal with certain matters affecting London as a whole, and local authorities which should deal with local affairs affecting their own localities.

And, in 1855, a group of measures giving effect to these views, and containing also what amounted to a sanitary code similar to that in the Public Health Act already for years in force in England, was passed by Parliament.

Those most important measures marked the end of one great period in the sanitary history of this great metropolis.

Of that period it is to be said that there is none in the history of London in which less regard was shown for the condition of the great mass of the inhabitants of the metropolis; no period when the spirit of commercialism recked so little of the physical condition and circumstances of those upon whom, after all, it depended; no period when the rights of property were so untrammelled by any consideration for the welfare of human flesh and blood; no period when private individuals not alone so strained, for their own advantage or aggrandisement, the utmost rights the law allowed them, but far exceeded those rights, and too often successfully filched from the public that to which the law gave them no right.

Never had there been a time in which the rights of property had been more insisted upon and exercised. Never a time in which land-owners, house-owners, and builders did as freely as they liked with their own, regardless of the injury or damage inflicted upon others; nor in which manufacturers carried on, without interference, trades for their own benefit, which were not merely offensive, but actually death-dealing to their neighbours.

And throughout this period the people in their daily lives and circumstances were absolutely unprotected by any public authority, or by any local governing body. There was no one to help them to contend against the extremest exercise of real or even assumed rights.

In this period London, the metropolis, had grown up, and had not merely been permitted by the Government and the Legislature to grow up practically without government, guidance, supervision, or restraint, but it had been absolutely denied any system of local government, and so been denied all provision for the sanitary needs of the community.

In 1835 a large and liberal measure of municipal self-government was given to all the cities and towns and municipalities large and small of England and Wales—many of them not a tithe so populous as the great parishes of London—and a governing body, elected by the rate-

payers, and with almost all the essential powers of local government, was instituted in each. But the Municipal Corporations Act expressly excluded the great towns which surrounded the walls of the "City" and which constituted the metropolis, and the law continued to recognise them only as rural parishes.

Twelve years later, namely in 1847, the Towns Improvement Act was passed, by which towns of much smaller size were given facilities for obtaining considerable powers of local government. By it general sanitary provisions were framed, which, with the sanction of Parliament, might be applied in any town for the management by the local authorities of the supply of water, of drainage, of the paving, cleansing, and lighting of the streets, and the prevention of fires; and for the regulation of buildings, of slaughter-houses, of public baths, and of the interment of the dead.

But even this more limited but still liberal system of local government was not extended to London, and once more the metropolis was excluded.

The "City" did not wish to extend its own borders, and the authorities of the "City" viewed with dislike the idea of the creation at their very gates of local bodies which might develop into formidable rivals.

And so "greater London" was left by successive governments and by Parliament to scramble along as best she could, and to suffer.

And just as there was no local government so were there practically no laws safeguarding the sanitary condition of the people except the temporary and imperfect ones provided by the Nuisances Removal and Diseases Prevention Acts of 1848, and such very limited protection as the common law afforded.

The Public Health Act of 1848—a sanitary code in itself—was an Act for England and Wales alone. The benefits it conferred were refused to London; and, as a consequence, the masses of her people were doomed to continue in circumstances of the utmost misery; year by year tens of thousands of her citizens were sent to an

unnecessarily early death, and ten times their number were made to undergo diseases which even then were recognised as preventable.

And all the time that she was thus left without a local government, without any permanent sanitary laws, other forces were at work inflicting ever-widening evil, and intensifying already existing evils.

The population had increased by leaps and bounds, and the increasing trade of London had brought great numbers of workmen to the metropolis. The necessity for offices and warehouses had led to the substitution of such houses for houses previously used as residences.

And so the growing population was forced to herd ever closer together, houses were packed thicker and thicker, and, in the central districts, every available spot of ground was built upon. And the overcrowding of human beings in those houses, and all the attendant ills, increased countless-fold. And the result was unparalleled, indescribable, unspeakable misery of the industrial and working classes, and of the lower and poorer orders.

Not merely years, but generations of neglect and indifference on the part of the governing classes had multiplied and intensified in London every evil to which the poorer classes of a nation are liable.

For long the great process of social and economic change at work in "greater London," and all that it entailed, was let go its own way—a way which, in default of the regulation and the alleviation a government should have given it, was beset with creakings and groanings like those of some badly constructed piece of machinery; only instead of machinery, inanimate and insensitive, they were the groanings, the agonies, of suffering thousands and tens of thousands of sick and perishing people, sinking annually into the abyss.

All through the earlier half of the nineteenth century, in fact, London, the great metropolis, was left to evolve itself so far as regarded the public health and sanitary condition of the people.

The tremendous import of such deliberate inaction by Parliament, and by successive Governments, is even now only partly comprehended. But the nemesis has been truly a terrible one. The injury wrought was in many ways irreparable, and we are still reaping the crop of evil sown by such seed—are still far from the end of the appalling consequences such a disastrous policy has entailed.

CHAPTER II

1855–1860

The Act "for the better Local Management of the Metropolis" * which was passed by Parliament in 1855 was the turning point in the sanitary history and evolution of London.

It put a term to the chaos of local government in "greater London" and swept away the three hundred trumpery and petty existing local governing bodies. It created a legally recognisable metropolis by defining its component parts and boundaries. It established a definite system of local representative government in that metropolis for the administration of its local affairs. It conferred upon the new authorities not only the powers vaguely possessed and imperfectly, if at all, acted on by their predecessors, but a considerable number of new ones. It laid the basis of an organisation for the sanitary supervision of the inhabitants of each parish of greater London.

And with the object of making provision for the effective treatment of some of the numerous matters affecting London as a whole—matters of a general and not of a local character—with which smaller local authorities could not possibly deal, and with the further object of securing a certain uniformity of administration by the new local authorities, it founded a central governing body for the metropolis.

Simultaneously Parliament passed a new "Nuisances Removal Act for England" † which was made applicable to

* 18 and 19 Vic. cap. 120. † 18 and 19 Vic. cap. 121.

London, and which, coupled with the health provisions in the Metropolis Local Management Act, bestowed upon the metropolis a sort of code of sanitary laws in some degree similar to those enjoyed by other parts of England.

And also an Act* making stricter provisions as to the construction of buildings in the metropolis.

Though three Acts were thus passed, they formed but separate parts of one general plan of reform.

Some little detail must be gone into as regards the system of local government thus initiated.

For government in purely local matters—in each of the twenty-three largest parishes, definite Vestries, as distinguished from parishioners meeting in open Vestry, were constituted, the members thereof being elected by the householders of the respective parishes rated to the relief of the poor. The total number of members on any Vestry was not to exceed one hundred and twenty, and each year one-third of them were to retire, and an election to be held to fill their places.

And as there were many parishes so small that to have constituted them separate local governing authorities would have perpetuated all the evils of small areas of local government, these small parishes were grouped together into "districts" of a fairly large size, for each of which—some fourteen in number—there was to be a governing body entitled "The Board of Works for the —— District," the members thereof being elected, not directly by the electors, but by the smaller Vestries constituting the District.

These new local governing bodies were thus representative bodies, the Vestries elected directly by the ratepayers, the District Boards indirectly elected; but both were constituted "the sanitary authority" for their respective areas, both were charged with the administration of local affairs, and so the term "Vestry" and the "District Board" may be taken as synonymous.

The central body which was constituted for dealing with matters affecting London as a whole was named "The Metropolitan Board of Works."

* 18 and 19 Vic. cap. 122.

It was not directly elected by the ratepayers of London, but was elected by the aforesaid local authorities and by the "City."

It consisted of forty-five members. Three were elected by "the Mayor, aldermen, and commons of the City of London in common council assembled."

Each of the six largest Vestries elected two of their members to it; the other Vestries one each, and the District Boards of Works elected the remainder.

It was thus representative of the whole of London—City and Metropolis included. Each year one-third of the members were to retire, and one-third to be elected in their place.

This central Board was charged with many important duties affecting London as a whole. Foremost amongst them was the first essential of any sanitary well-being—the improvement of the sewerage and drainage of London.

This new body superseded the Commissioners of Sewers, and was specially charged with the task of designing and carrying out "a system of sewerage which should prevent all or any part of the sewage within the metropolis from passing into the river Thames in or near the metropolis: and also make all such other sewers and works as they may from time to time think necessary for the effectual sewerage and drainage of the metropolis."

It was also given general control over the sewage works, and power to make orders for controlling Vestries and District Boards in the construction of sewers in their respective parishes.

Furthermore it was given power to make, widen, or improve, any streets or roads in the metropolis for facilitating the traffic, and certain powers of prohibiting the erection of buildings beyond the regular line of buildings. It was given power, too, to make bye-laws—for regulating the plans, level, and width, &c., of new streets and roads; for the plans and level of sites for building; for the cleansing of drains, and their communication with sewers; for the emptying, closing, and filling up of cesspools; for the removal of refuse, and generally, for carrying into effect the

purposes of the Act—all which bye-laws were to be enforced by the Vestries and District Boards.

Thus it was given large powers to deal with many of the matters which most affected the public health. But in some other such matters—essential for the effectiveness of the whole scheme—it was left strangely helpless. It was given no power to appoint a Medical Officer of Health for the metropolis to advise it as to matters affecting the health of London as a whole; or to appoint Inspectors of Nuisances to ascertain information upon sanitary matters and to carry out various sanitary duties.

But, gravest and most deleterious defect of all, no authority was conferred upon the Board to compel any negligent or recalcitrant local authorities to carry out the duties imposed upon them by Parliament or by bye-laws of the Board. Those authorities might with absolute impunity neglect to carry out even the imperative directions of Parliament as embodied in the Act, and thus what Parliament emphatically enacted "shall" be done might be left undone, with the most disastrous consequences to the public health, not merely of the particular parish, but to the great community of London.

The omission of some such provision made the Vestries practically independent bodies, and arbiters as to the administration or non-administration of various important provisions of existing or future Acts of Parliament, and afforded them the opportunity, so freely and widely availed of, of not performing duties against their own opinions or interests.

As regarded these newly created local authorities—the "Vestries" and the "District Boards of Works"—the powers and duties conferred upon them were extensive.

All the powers and duties of the previous local authorities as regarded paving, lighting, watering, and cleansing, or improving any parish, were transferred to them.

The sewers, other than the main sewers, were vested in them, with the contingent duty of maintaining, repairing, and cleansing them, and they were given power to put sewers in every street. Also, they were given power,

under certain circumstances, to compel owners of houses, "whether built before or after the commencement of this Act," to construct drains into the common sewer.

Furthermore, no house was to be built without drains constructed to the satisfaction of the Vestry, or without sufficient sanitary conveniences, and they were directed to cause open ditches, sewers, and drains of an offensive nature, or likely to be prejudicial to health, to be cleansed, filled up, and covered. And they were required to appoint scavengers to collect the dirt and rubbish, or to contract for its removal.

And each of the authorities was to appoint one or more Medical Officers of Health, whose duty it should be to inspect and report periodically upon the sanitary condition of the parish or district, and who would act as medical adviser to the Vestry in all matters relating to the public health, and was also to appoint one or more Inspectors of Nuisances to report as to the existence of nuisances or disease, and perform various other duties in connection with the sanitary condition of the parish.

Provision was also made for the prevention of the sale of food unfit for human consumption.

The Sanitary Inspector "might at all reasonable times inspect and examine any carcase, meat, poultry, game, flesh, fish, fruit, vegetables, corn, bread, or flour exposed for sale," and in case the same appeared to him to be unfit for such food it might be seized, and the magistrate might order it to be destroyed, and the person to whom it belonged, or in whose custody it was found, should on conviction be liable to a penalty of £10.

By "The Nuisances Removal Act for England" the word "nuisances" was so defined as to include any accumulation or deposit which was injurious to health, "any premises in such a state as to be injurious to health, any pool, ditch, water-course, cesspool, drain, or ashpit, &c., so foul as to be a nuisance or injurious to health."

The right to give notice to the sanitary authority of the existence of a nuisance was extended, and the process was facilitated. Notice might be given to the sanitary authori-

ties by the person aggrieved, by the sanitary inspector, or by a constable, or by two inhabitant householders of the parish; and certain powers of entry were given to the local authority or their officer. The justices who heard the case might require the person offending to provide sufficient sanitary accommodation, means of drainage, or ventilation, to abate the nuisance, or to whitewash, disinfect, or purify the premises which were a nuisance, and could inflict a fine for contravention of the order of abatement; and, if the nuisance proved to exist were such as, in their judgment, to render a house unfit for human habitation, they were given authority even to prohibit the using thereof until it was rendered fit.

Furthermore, as regarded certain noxious trades, including slaughter-houses and manufactories causing effluvia, which were certified by the Medical Officer of Health to be a nuisance, or injurious to the health of the inhabitants of the neighbourhood, the owner or occupier of the premises might be proceeded against, and, on conviction, fined.

Against the monster evil of "overcrowding" Parliament made an attempt to legislate specifically, thus formally recognising the necessity for dealing with it.

"Whenever the Medical Officer of Health shall certify to the local authority that any house is so overcrowded as to be dangerous or prejudicial to the inhabitants, and the inhabitants shall consist of more than one family, the local authority shall cause proceedings to be taken before the justices to abate such overcrowding, and the justices shall thereupon make such order as they may think fit, and the person permitting such overcrowding shall forfeit a sum not exceeding forty shillings."

And an effort was also made to curtail the practice of living in underground rooms and cellars by defining what such a room or cellar was, and making liable to a penalty "whoever let, occupied, or knowingly suffered to be occupied, any room or cellar contrary to the Act."*

As money was essential for the working of the Acts, over

* Section 103 of Metropolis Local Management Act.

and above that for which rates could be levied, power was given both to the Metropolitan Board of Works and to the Vestries and District Boards of Works to borrow money on the security of the rates, and repayable by instalments, "provided always that no money should be so borrowed by Vestries or District Boards without the previous sanction in writing of the said Metropolitan Board."

There were to be auditors of the accounts of the local authorities, who were to be annually elected at the same time and in the same manner as members of the Vestry.

Finally, each Vestry and District Board of Works was to make to the Metropolitan Board of Works an annual report of its proceedings, including a report from the Medical Officer of Health; and the Metropolitan Board was to make an annual report of its proceedings, and present a copy to one of Her Majesty's Secretaries of State.

The third of these Acts, "The Metropolitan Building Act, 1855," amended the existing laws relating to buildings in the metropolis, and laid down an elaborate code for the regulation and supervision of all new buildings. Most of this code related to the structure—the thickness of walls, &c., &c.—and had primarily in view the security of the house from destruction by fire. Only a few sections in the Act related to the infinitely more important matter of adequate provision for the health of the inhabitants, and those dealt with it in the most niggardly way.

A minimum of one hundred square feet was laid down as satisfying the requirements of open space for air and ventilation around a dwelling; a minimum of seven feet in height was held to satisfy the requirements of any room in a house.

And the supervision of every building, and every work done in or upon any building, was entrusted to the "District Surveyors"—officials taken over by the Metropolitan Board from the previous body, appointed under the

Building Act of 1844, which had distinguished itself by its incapacity.

These Acts practically laid down the framework of the machinery of the sanitary government of London, and struck the first real blow at the roots of the insanitary condition of the metropolis.

The callous indifference and inaction of generations had left not a mere Augean stable to be cleansed, but a great city over 100 square miles in extent and containing two and a half millions of people, and the new authorities, when they came into existence, had not only to meet the daily needs of a vast existing population, but to make good the neglect of centuries, and to build up a sound and effective working system of sanitary administration.

The task lying before them was one of enormous proportions, for on them rested the responsibility of effecting the sanitary redemption of the millions of the metropolis—as well as the infinitely greater duty of safeguarding future generations from similar sufferings and wrongs.

It was, moreover, a task of almost superhuman difficulty, for arrayed against reform and amelioration were the powerful forces of "vested rights in filth and dirt." And adding to the difficulty was the huge inert mass of ignorance, and poverty, and helplessness of masses of the people.

One principle contained in these Acts was of pre-eminent consequence—namely, the responsibility of "ownership." Hitherto owners had effectually escaped all responsibility as regarded the sanitary state of their property, and had dealt with their property exactly as they pleased, and regardless of the consequences to any one but themselves.

Parliament now formally recognised and definitely laid down the principle that the "owner" was the person responsible for the insanitary condition of his property; and in addition declared that individuals would not in future be allowed to deal with their property in such a manner as to cause injury to the public health.

But declaration of principles was one thing—their

enforcement was another. Unfortunately, those who were charged with their enforcement were too often the persons directly interested in resisting reform, and in very many instances, where even a partial enforcement of these principles was attempted, the action was resented and vigorously resisted.

The Metropolis Local Management Act came into force on January 1, 1856, and the Central Authority—the Metropolitan Board of Works—and the local authorities —Vestries and District Boards—having been duly elected, entered upon their duties.

The first and most urgent work which the Metropolitan Board was charged to carry out was the main drainage of the metropolis, and at the outset, the new Board directed its efforts almost exclusively to the highly technical task of devising and considering and adopting plans for the construction of a great system of sewerage which should intercept the flow of sewage into the Thames, and should convey it by other means to a safe distance below London, whence it might flow into the sea.

Any plan had, however, to be approved by the Chief Commissioner of Works. To him the Board submitted three plans, but none of them received such approval, and the matter was at a deadlock until 1858, when an Act was passed removing the veto of the Chief Commissioner of Works, and at the same time giving the Metropolitan Board power to raise a loan of £3,000,000, which up to that time it had no power to do.

Within a week from the passing of that Act, the Board determined on a plan, and began arrangements for carrying it out.

The plan adopted was to intercept all the sewage flowing into the Thames within the area of the metropolis, and to convey it by sewers to a distance, and to discharge it into the river at such a condition of tide as should take it still further out, so as not to return and become a nuisance to the metropolis. The proposed interception on the north side was by three main sewers, discharging at Barking—the upper, the middle, and the lower, with branches; on

the south side, by two main sewers, discharging at Crossness.

As the result of the Act there had been transferred to the Board 106 miles of main sewers on the north side of the Thames with 33 outlets into the river, and 60 miles on the south side with 31 outlets. A considerable number of these were offensive open sewers, others were defective in design and construction, whilst all required reconstruction to make them effective, and to fit them for connection with the new system.

The Central Authority had thus a heavy task before it, and one which it would take years to perform.

The local authorities, with simpler duties to perform, were able to get quicker to work.

They appointed "Surveyors" in each parish to look after the multifarious duties in connection with the paving, lighting, and cleansing of the streets, with scavenging, and the removal of house and trade refuse, and with the construction and maintenance of local sewers and drains. In a sort of way some of this work had been done by the previous petty authorities; parts of it, therefore, were more or less familiar, and so not wholly new.

But wholly new, and of very great importance, were the appointments which the new local authorities had to make for their districts of a Medical Officer of Health, and of one or more Inspectors of Nuisances to help him.

The duties of the Medical Officer of Health were carefully prescribed by the Act. He was to inspect and report periodically upon the sanitary condition of the parish; to ascertain the existence of diseases increasing the rate of mortality; to point out the existence of any causes likely to originate or maintain such diseases, as well as to suggest the most efficacious mode of checking and preventing their spread, and various other important sanitary duties.

These appointments were duly made, and some appointments also of Inspectors of Nuisances.

Herein was involved the clear recognition of another principle of the utmost consequence—that of inspection—a principle very naturally held in abhorrence by all sanitary

misdoers. It had previously been put spasmodically into operation, and with the best effects, on the occasions when Asiatic cholera was approaching or raging in the country, but when the panic had subsided it was promptly dropped, and every one was practically left free to commit any sanitary enormity with impunity. Henceforth, however, there would be the contingency of being found out for breaches of sanitary laws, and the eye of the law would, at least theoretically, be upon sanitary law breakers.

The majority of the Medical Officers of Health entered energetically on their work, and thenceforward a constant light was thrown upon the sanitary condition of various parts of the metropolis by men who lived in the closest and most unceasing contact with the devastating evils afflicting the masses of the people. All were not equally efficient or energetic—all were not equally communicative—but the reports of many of them are full of interesting facts, of acute and instructive comment, and of wise counsel; and though holding office at the pleasure of their employers, many of these officers were courageously independent and outspoken in their criticism and advice.*

Unfortunately, the reports had practically no circulation beyond the members of the bodies to whom they were made, if even they were read by them, and the recommendations made therein were too often absolutely ignored by those bodies, or, for reasons of self-interest, opposed.

To us now, however, these reports are of the greatest value, being in many respects the most valuable official records existing on the subject. We learn from them, better than we do from any other source, as regards the various parishes of London, the nature, and in some measure the extent of the evils which existed, and the causes of those evils; we find in them opinions expressed and reiterated as to the best way of remedying those evils, and

* There is in the library of the London County Council an almost complete set of these annual reports inherited from the Metropolitan Board of Works. Unless those sent to the Secretary of State, as directed by the Act, have been preserved, there is no other collection in existence.

accounts of the results of the efforts made to remove or cure those evils.

The reports set forth facts demonstrating the appalling misery which the great masses of the people of the metropolis endured; the loathsome foulness in which vast numbers of them habitually lived, and were allowed to live; the dreadful hardships they had to suffer; the fearful moral and physical contamination they underwent; the terrible death-roll—in great part preventable—and the ten or twenty-fold larger roll of victims of preventable illnesses and epidemics, with the consequent poverty which sickness entailed.

We can bit by bit piece together from these reports a realistic picture of the sanitary condition of London as a whole during the successive periods of the latter half of the nineteenth century, and we can discern the action of the silent, steady, and irresistible economic forces which unintermittently dominated that condition. North and south in the metropolis, east and west, it was all the same, varying only in intensity, in extent, and, in some degree, in form; a harrowing and almost incredible story. And the remarkable concurrence of testimony from men acting independently of each other, and resident in wholly different parts of London, justifies the fullest confidence in statements uniformly harmonious.

The metropolis is so large a place, with such marked differences between its component parts, differences in situation, and physical characteristics, and degree of development—differences in wealth and poverty, and in the occupations of their inhabitants—that the attempt to trace any special branch of its history is beset with the greatest difficulties.

Especially is this the case when the subject treated of is so complex and comprehensive as that of the public health.

It is manifest that all parts of the metropolis cannot be described simultaneously—whilst to go "seriatim" into the history of the public health in each separate locality would, by the very weight of detail, fail to convey an impression of the subject as a whole.

The same objections apply to a "seriatim" historic treatment of the different branches of the public health.

Moreover, the action of the central authority has also to be described in its proper place.

And, still more important, the action of Parliament, and the principal Acts of Parliament relating to matters affecting the public health, either directly or administratively.

How then can the subject be best treated with the object of presenting the main facts of the sanitary evolution of London, and deducing from them the lessons of experience and guidance for the future?

Probably by a sort of compromise between these two methods—taking groups of districts instead of separate districts—and groups of matters pertaining to the public health, instead of separate subjects—and, furthermore, dealing with the whole subject in certain definite periods. Groups of parishes have already, for certain health purposes, been classified into central, eastern, northern, western, and southern. That classification can be adhered to here.

And inasmuch as almost the only reliable statistics as to many matters relating to the public health are those afforded every decade by the census, the narrative can best be treated by taking decennial periods, and utilising the reliable information of the census for the deduction of conclusions which on any other basis might be unsound. This method, then, though in many respects imperfect, is adopted as probably the best for tracing the sanitary evolution of the great metropolis.

Foremost among the central group, but standing by itself, and in the main outside the scope of the legislation, was the "City." To the description of its condition already given nothing need be added beyond the statement of the fact that the great economic forces at work therein were displaying their results in the "City" itself in very striking manner.

Under their potent influence the population there had begun to rapidly decline. In 1851 it had been 127,533. In 1861 it had come down to 111,784. The number of inhabited houses was likewise rapidly declining. In 1851

there had been 14,483; in 1861 there were 13,218. Under the irresistible demands for greater business and trading accommodation, the inhabited houses there were being rapidly converted to the more profitable purpose of business offices, or warehouses.

As the number of business premises and shops increased in a locality, so did the better-to-do residents leave it, and migrate to pleasanter or more healthy localities. Some of the houses thus vacated became promptly tenanted by numerous families of a lower, or even the lowest classes; until they too were converted to business purposes, and their inhabitants once more turned adrift to seek other habitation. Some of these people secured in the neighbouring parishes residence in one or part of one of those jerry-built and insanitary constructions which landowners and builders were erecting as rapidly as possible upon any unbuilt ground which they owned, or which they could lay hands upon—the majority contented themselves with squeezing somehow into tenement houses already overcrowded.

It cannot be too constantly borne in mind that this was one of the great forces in unceasing action in the metropolis, extending its sphere of action step by step, and stage by stage, and that as years went on, the various districts of the metropolis were, one and all, in varying degree, subject to the accompaniments and consequences of its different stages of growth. And the transition was further aggravated by the natural increase of population, and by another great force—the unceasing flow of immigrants into the metropolis, the majority in search of work, others of food given by charitable people, or of any other chance good thing or adventure that might turn up.

And so, on January 1, 1856, the new local authorities of the metropolis began their great task. And about forty Medical Officers of Health began to examine into and inspect their respective districts, and to inform or advise their respective authorities.

What did these men find when they got well into their work? What opinions did they form as to the fearful facts

with which they were promptly brought face to face, and the great social problems with which they were confronted? And what did they and their employers, the Vestries and District Boards, do to carry out the legislation which Parliament had at last enacted?

The first impression of one of them was that the possessor of the office of Medical Officer of Health * could never become popular, "his functions bringing him into constant collision with the apparent interests of many influential persons;"—in other words, with vested interests.

Others took a less personal and wider view of their duties. Thus one of them † wrote:—

"We have to remodel an old system—a system on which has been for centuries engrafted by slow degrees all the undesirable elements we now wish to eradicate."

Another ‡ was impressed by the vast amount to be done even in his own parish:—

"From what I daily witness, I make bold to state that this Vestry has a Herculean task to perform to abate all the nuisances of Rotherhithe; nuisances which have grown uninterrupted for ages, and have become inveterate customs with many."

If it was a Herculean task in one parish, and that a small one, what was the task for the whole of the metropolis?

Another,§ after a few years' experience of the working of the Act, summed up the actual position—the very kernel of the case—when he wrote:—

"The working of the Metropolis Management Act might often be characterised as a war of the community against individuals for the public good."

And that is what, undoubtedly, it amounted it. Hitherto the "individuals" had had their own way unchallenged and unchecked, and countless thousands of the community had been sent to their doom. Now, in a sort of way, it was to be a war—a very just and necessary, and on the part of the community a bloodless war—to enforce upon land-owners, and house-owners and house-middlemen, obedience to the principle that "property has its duties as well as its rights,"

* St. Giles. † Fulham. ‡ Rotherhithe. § Hackney.

and that those individual rights should not be exercised—as they had hitherto so cruelly been—to the mortal injury of vast numbers of the community.

And there was yet another aspect of their work being a war. It was war against disease and filth, and all the causes of insanitation, and against the consequent human suffering and misery, and degradation, in some of the very worst forms.

That, unfortunately, was a never-endable war. Great successes might be won—complete and final victory never.

The central group of parishes and districts outside the "City"—and lying to the north and west of the "City," consisted of St. Luke, Clerkenwell, Holborn, St. Giles', the Strand, and St. Martin-in-the-Fields, with a population of close upon 288,000—about one-ninth of that of the metropolis. Already in four of these, under the influence of the economic forces already described, the population was decreasing. Every portion of this central group was densely populated, and it contained two of the most crowded of all the areas of the metropolis—the Strand, which stood highest, and St. Luke's, which had "the questionable distinction" of being the second most densely populated parish. In St. Giles', which was "amongst the oldest, most densely peopled, and most deteriorated portions of London," the population in 1851 "did not appear capable of further increase, the district being incapable of expansion either by packing closer or by the addition of new houses."

The eastern group consisted of the parishes or districts of Shoreditch, Whitechapel, Bethnal Green, Mile-End-Old-Town, St. George-in-the-East, Limehouse, and Poplar.

In Whitechapel the population was stationary; in all the others increasing.

The northern group of parishes and districts consisted of Hackney, Islington, St. Pancras, St. Marylebone, and Hampstead.

In every one of these the population was on the increase, slightly in St. Marylebone, very rapidly in most of them, notably so in St. Pancras and Islington.

The western group consisted of Westminster, St. James',

St. George (Hanover Square), Paddington, Kensington, Fulham, and Chelsea.

In St. James' the population was decreasing (having reached its apogee in 1841); in Westminster it was slightly increasing; in all the others rapidly increasing.

The southern group, with a population roughly of about 700,000, consisted of the whole of that portion of the metropolis which was situate on the south side of the river. Beginning on the west, there was Wandsworth (which included Battersea), then Lambeth, Camberwell, Lewisham, with Woolwich and Plumstead on the extreme east, then Greenwich, Rotherhithe, Bermondsey, St. Mary, Newington, St. George-the-Martyr, Southwark, St. Saviour, Southwark, and St. Olave, in Southwark.

Many of these were still mostly country.

The various parishes and districts of the metropolis differed remarkably in their rate of increase of population. In all, the number of births was in excess of the number of deaths, but as this excess in no way accounted for the increase in many of them, the rest of the increase could only be accounted for by immigration—immigration either from other parishes or from outside London.

And as it was with population so it was with the houses in which the people dwelt.

In most of the central parts of London, houses crowded every available scrap of land, squares and open spaces being few and far between. Where there should have been streets of good width, there were narrow lanes of houses; where there should have been thoroughfares, there were cul-de-sacs; where there should have been space for through currents of air and for light, there were brick walls stopping both light and air.

Figures giving so many houses to the acre convey little actual idea of the density of houses. Far more suggestive is such a statement as that made by the Medical Officer of Health in Limehouse (1861) that: "There would be no difficulty in marking out courts and alleys where the problem would seem to have been with the originators, how to enable the greatest number of people to live in the

smallest amount of space." Or the description of St. Giles',* where, "exclusive of mews, there may be counted on the map upwards of seventy streets, courts, and alleys, in which there is no thoroughfare, or which are approached by passages under houses." Nor is it a matter of surprise that this state of things should have come about, when hitherto there had been practically no check whatever upon building.

"It is to be regretted," wrote the Medical Officer of Health for Mile-End-Old-Town about his own district (1856), "that the great increase in the number of habitations should have been allowed to take place without some municipal direction, or some supervision competent to supply its place; the general salubrity of the district would certainly have been better secured. . . . But every owner of a piece of ground has had the opportunity of making the most of it for his own advantage and in real opposition to the public good."

In nearly all the non-central parts of London houses were increasing rapidly.

"Bricklayers are spreading the webs and meshes of houses with such fearful rapidity in every direction that people are being gradually confined within narrow prisons only open at the top for the admission of what would be air if it were not smoke.

"Suburban open spaces are being entombed in brick and mortar mausoleums for the suffocation as well as for the accommodation of an increasing populace." †

Thus in Islington there were 13,500 houses in 1851, and 20,700 in 1861; in Kensington 6,100 in 1851, and 9,400 in 1861.

But what evoked comment was, that the evils of one sort or another connected with the crowding of houses together were being perpetuated.

"Not only is it to be deplored," wrote the Medical Officer of Health for Whitechapel, "that the houses in most of the poor neighbourhoods are already too closely packed together,

* Medical Officer of Health, 1856.

† "Lungs for London," *Household Words*, vol. i. p. 45, 1850.

but the evil is increasing: for wherever there is a vacant spot of ground, more houses are built, thereby still further diminishing the healthiness of those already existing" (1860–1).

From Hampstead—still but little built on—came a complaint of "the tendency among builders to cover the new ground as thickly and at as little cost as practicable."

In Wandsworth "houses were erected and new streets formed without due regard to sanitary requirements, and in situations where good drainage seems impossible."

In Fulham, "cottages out of number were constructed in the excavations of old brick fields with the soft refuse of bricks, habitations run in swamps and quagmires, and their foundations three parts of the year sopped with surface water."

Efficient sewerage was so manifestly the basis of all wise sanitation that the want of sewers, and the abominable condition of those which existed, were general subjects of complaint.

The Strand boasted of being "one of the best sewered districts in the metropolis," which, however, was not saying much for it. And in St. Giles' the sewerage was stated to be good, and "much above the average of the town."

But such reports were quite exceptional. In Hackney, the principal sewer was the former Hackney Brook, which, from the increase of the population, and the drainage from other sewers, houses, cemeteries, and cattle-market, had become a foul open ditch—with very trifling exception wholly uncovered—and "emitting pestiferous noxious effluvia."

In St. Marylebone, the sewers, themselves insufficient for the requirements of a growing population (1858), were, in many cases, so shallow as to cause rather than remove evil, for in certain places they flooded the basements, and in more than one house was witnessed the curious spectacle of the daily use of pumps to remove the foul liquids, as in leaking ships.

In Paddington (1857–8), "the principles of good town drainage were completely ignored. The sewers were those

which had been constructed at intervals, previous to 1846, in a piecemeal and unsatisfactory manner, as the thoroughfares were formed, without any regard to the requirements of the adjoining streets." The general direction of these sewers was "extremely defective. Numbers of them have a fall towards the summit or highest level of the street through which they pass; the bottoms are very irregular, running up and down and forming successions of hills and hollows."

In Fulham, there existed scarcely the trace of a main sewer, open sewers and filthy ditches, conveying some part of the sewage to the river, the rest remaining in the cesspools.

In Hammersmith, not only were sewers and ditches in a most fearful state of nuisance, but there was also "a morass of several acres in extent, having no outlet, which received the sewage from a large area, the noxious emanations from which must be regarded as highly detrimental to health."

On the south side of the river matters were still worse. The greater number of the southern districts were situate nearly on the same level as high-water mark, if not indeed below it, and they differed from the other districts of London in their marshy character, their low level, and in the want of proper drainage dependent on that low level. The whole district suffered under the effects of a tide-locked, pent-up system of sewerage.

In Greenwich, a very large number of streets were without main sewers.

In St. Mary, Newington, "the great fact meeting us at every turn has been the large number of streets without main sewers therein."

Rotherhithe, which lay from four to seven feet below high water, was exceptionally bad. The largest portion of the parish had no drainage whatever. There were about fifteen miles of open ditches which had been converted into open sewers, called in some official documents "Stygian pools," and serving "the double debt to pay of watercourse and cesspool." Among the ditches "one of the foulest in the

whole neighbourhood of London" was the King's Mills stream, about one and a half miles long, which had not been cleansed for ten years. The sewer in Paradise Row was "in reality not a sewer," but "an elongated cesspool a mile in length," and during twenty hours daily it was waterlogged. The very boundary line of the parish for a long distance was "a wide, filthy, black, open sewer."

In part consequent on the lack of sewers, house drainage was either non-existent or fearfully defective. In every part of the metropolis the evil was evident.

In Clerkenwell the "drainage was either none or very imperfect. Numberless houses do not drain into the sewers." In St. Martin-in-the-Fields, "in the old streets and courts the drainage was the same as it was when the houses were built, some as far back as the reign of Elizabeth, and many in that of Charles I."

In St. George-in-the-East (1856), "it is astonishing how few houses have availed themselves of the sewers."

In Paddington, "the condition of the house-drains is far worse than that of the sewers. They include every possible variety of geometrical construction, from a circle to a square. Some have fallen in; others are choked with filth."

In Lewisham (1856–7), "in several places there are reported to be nuisances of the usual character . . . cesspools, no water, &c.—stinking ditches filled with sewage which can get no further—every abomination, and people apparently doing what they pleased as regards getting rid of their filth."

Nor was it only in the poorer parts of London that the house-drainage was bad. In St. James' (Westminster) the Medical Officer of Health wrote (1861):—

"For the last two or three years the worst cases of neglected drainage have not been in houses inhabited by the poor, but in those inhabited by the wealthier classes of the community. It is to me frequently a matter of great astonishment to find how regardless those classes are, whose circumstances can command every comfort of life, of the sources of disease and death. This is not only

seen in neglect of attention to drainage, but also in the neglect of ventilation."

Nor was care being taken to provide drainage even to houses which were in course of erection. The Medical Officer of Health for Hackney, which was a growing district, reported (1858–9):—

"Building operations have recently been carried on with considerable activity, numerous new streets have been laid out and built on. . . . Unfortunately there have not been, and there are not at the present time, any means whereby the construction of proper drainage works could be enforced before the erection of buildings along the line of new streets, and the consequence has been that, to avoid the heavy cost of constructing effective sewers, the drainage works have been almost everywhere but very imperfectly carried out, and in many cases not even a brick has been laid for these purposes."

The internal condition of the houses was very bad.

In Clerkenwell, where there were over 7,000 houses, many of them were "quite unfit for human habitation"; not more than one-third were "in a satisfactory state." In Bethnal Green there were "disease-inviting houses"; in Whitechapel, such was the bad condition of many of the 2,734 houses which were inspected, that "they ought to be condemned as unfit for human habitation."

In St. George-in-the-East, "the sanitary condition of the dwelling-houses is deplorable."

Lambeth contained a greater number of inhabited houses than any other parish in the metropolis—nearly 22,000. The Medical Officer of Health, after the very limited inquiry possible within the first year of work, reported the unwholesome condition of 1,638 of them.

From figures such as these—and they related to only a tiny fragment of the whole—one can get some measure of the way the sanitary condition of the houses throughout London had been neglected, and the indifference of the owners to the condition of the premises they let.

Mention has been made of the vast number of cesspools which existed in London before the passing of the

Metropolis Local Management Act. The investigations of the various Medical Officers of Health soon demonstrated that the previous estimates of their prevalence, and of the disastrous consequences they entailed, had been in no way exaggerated.

Their disastrous results were at once recognised.

The Medical Officer of Health for Whitechapel, in his report for 1858, wrote:—

"I must now direct your attention to the most important subject, in a sanitary point of view, which can be brought before you. I allude to the existence of *cesspools*, more especially such as are situated either in the cellars of inhabited houses, or in the small backyards, which are surrounded by the walls of houses filled with lodgers . . .

"No cesspool ought to be allowed to exist in London, for wherever there is a cesspool, the ground in its vicinity is completely saturated with the foul and putrefying liquid contents, the stench from which is continually rising up and infecting the air which is breathed by the people, and in some instances poisoning the water which is drawn from the public pumps. . . .

"I am thoroughly convinced by the result of experience, that the existence of cesspools and overcrowding are the chief causes of ill-health."

And the Medical Officer of Health for Camberwell wrote:—

". . . Of all the abominations which disgrace and pollute the dwellings of the poor, the imperfect, rarely emptied, and overflowing cesspools are by far the worst . . . they not merely poison the atmosphere without, but pour their emanations constantly, silently, deadly, into the interior of the houses themselves."

Upon the quality and supply of the water which was essential for the life of the people, and upon which their health, and cleanliness, and sanitation absolutely depended, the information supplied by the Medical Officers of Health as to their respective districts brings home, far more than any general descriptions do, the full import and actualities of the great evils endured by the people, and the disastrous consequences entailed upon them.

As to the water from the surface and tidal wells, which large numbers of them used and consumed, the opinion, though expressed in various terms, was unanimous.

From Shoreditch (1860), the Medical Officer of Health wrote: "I have hardly ever exposed a sample of town spring water to the heat of a summer day for some hours without observing it to become putrid."

In St. Giles' (1858–9), "the water of the wells was not deemed good enough (on analysis) for watering the roads." In St. Marylebone "44 public wells supplied water which was for the most part offensive to taste and smell." In Kensington (1860) "all the well waters of the parish were foul." In Rotherhithe (1857), "The water from the tidal well smelt as if it had recently been dipped from a sewer."

The Medical Officer of Health for Lambeth declared (1856) that "the shallow well waters of London combined the worst features—they represent the drainage of a great manure bed."

The people were driven to the use of the water from these wells owing to the deficient and intermittent supply of water by the various Water Companies—water supplied for less than an hour a day by one single stand-pipe in a court containing hundreds of people—water supplied only every second and third day, and none on Sundays, the day of all others on which it was most wanted; and the house-owners had provided no cisterns or reservoirs of proper capacity, and the Vestries had not compelled the house-owners to do so.

In some parishes hundreds of houses had no supply at all. In some houses which had a supply the tenants were deliberately deprived thereof by the Water Companies, because the house-owner had not paid the water-rate.

The defective supply had the disastrous effect of putting a constant premium upon dirt—dirt of person, of room, of houses, and their surroundings. And such drains and sewers as there were, were insufficiently flushed.

Time after time the consequential evils were pointed out, and Water Companies and house-owners were vigorously censured. But the censure had little practical effect.

The great inconveniences and evils, however, evoked the expression of opinion that the duty of supplying water to the community ought to be in the hands of the community.

Even in 1844 it had been pointed out that :—

"Water is as indispensable for many purposes as air is for life itself, and its supply ought not to be allowed to depend on the cupidity or caprice of landlords or Water Companies."

And the Metropolitan Sanitary Association had enunciated the principle :—

"That inasmuch as water is a prime necessity of life, attainable in large cities by combined effort only, and not to be denied to any without injury to all, its supply should not be dependent on commercial enterprise, but be provided at the expense of the community for the common benefit."

And the Medical Officer of Health for St. George-in-the East wrote in 1856 :—

"The water supply of your Parish is in the hands of a Joint Stock Company, called the East London Water Company, and is managed by persons who represent solely the interest of the shareholders, whose only anxiety is of course the dividends—the consumers are not represented at all. This appears to me to be a strange anomaly, a false position, and a monstrous inconsistency—as great as if the sewerage of London were committed to a Joint Stock Company. But so it is, and however great the danger, the Vestry has *no available* remedy whatever in its hands."

The principle had been conceded by Parliament so far as England was concerned—the large cities and even small towns having been authorised to undertake the supply of water; but London, the capital, was denied the power to do so—the duty was given to private companies, and the population of London was left to undergo untold sufferings.

The quality of the water supplied by most of the Water Companies after the intakes had been removed to above Teddington Lock, and the filtration thereof before dis-

tribution for domestic use had been made compulsory, was considerably improved.

But the filthy and dangerous character of the receptacles provided in many houses for it undid much of the good which would have come from the improvement in quality.

The description given by one of the Medical Officers of Health was in the main true :—

"There is disease and death in the tanks, wells, and water-butts."

Thus, in the great primary necessities of the public health —efficient sewerage and drainage, decent houses, good ventilation, pure air, a pure and ample water supply—the general conditions were almost inconceivably bad.

These evil conditions, however, were far from constituting the whole of those under which the people of London suffered.

Over and above them all was one which compelled the attention of the Medical Officers of Health the moment they had entered on their duties—"the gigantic evil," "the monster evil" of overcrowding. Not the mere crowding of houses together, evil though that was, but the overcrowding of people in those houses, and still worse, the overcrowding of the rooms of those houses by human beings. In every part of the metropolis there was overcrowding; worst in the centre, and the parts nearest the centre of London, but existing in the outer districts where houses still were comparatively few and population small. Centre, East, North, West, South, there was overcrowding, differing only in extent and acuteness of form.

"Soon after I was appointed as Sanitary Adviser to your Board," wrote the Medical Officer of Health for Holborn (1856–7), "I found, dwelling in houses which were undrained, waterless, and unventilated, whole hordes of persons who struggled so little in self-defence that they seemed to be indifferent to the sanitary evils by which they were surrounded.

"It is too true that among these classes there were swarms of men and women who had yet to learn that

human beings should dwell differently from cattle, swarms to whom personal cleanliness was utterly unknown, swarms by whom delicacy and decency in their social relations were quite unconceived. . . . "

He mentions some instances too horrible to quote, and says: "Such were instances that came within my own knowledge of the manner and of the degree in which persons may relapse into habits worse than those of savage life, when their domestic condition is neglected, and when they are suffered by overcrowding to habituate themselves to the lowest depths of physical obscenity and degradation."

In St. Luke "the houses swarmed with their human tenants." In Bethnal Green "our crowded streets and courts are becoming more crowded." In St. Pancras "in many houses the overcrowding is very great, each room being occupied by a family."

In Islington, so overcrowded were some of the houses that the Medical Officer of Health had met with as little as 220, 190, 170, down to 135 cubic feet of air available for each occupant of a room.

In Rotherhithe "almost all the houses were overcrowded with inmates."

In Westminster, the Medical Officer of Health gave (in 1858) fifty examples of overcrowding in his district. In one house, in a room 13 feet long by 9 wide, and 7 feet high, there were 5 adults and 3 children; and in a lower room in the same house, 10 feet long by 9 wide, and 8 high, there were 4 adults and 5 children.

There are no statistics whatever showing even approximately the number of cases at that time in which a single room was occupied by a family, but it is certain that vast numbers of families had to be content with that limited accommodation. Nor was that even the worst—for, in very many cases, more families than one lived in a single room, or the single family took in one or more lodgers.

Life under such circumstances must have been, and was, awful. The Medical Officer of Health for St. Giles' wrote:—

"The houses whose rooms are occupied by single families

were last year in a condition of squalor and overcrowding which it is difficult to conceive surpassed. . . .

"In Lincoln and Orange Courts, the most glaring violation of the laws of health and of the requirements of civilised life was found. For instance, there are several small rooms in the backyards of Church Lane. . . . Each of the rooms measures about 10 feet by 8, and between 6 and 7 feet high. Each of them serves a family for sleeping, cooking, and all domestic needs.

". . . The air of these rooms was unbearable to a visitor, and to open the window was only to exchange one foul emanation for another."

And the Medical Officer of Health for Clerkenwell wrote (1856) :—

"In thousands of instances in this district, living, cooking, sleeping, and dying . . . all go on in one room. . . .

"If a poor man gets married he is pretty sure to have a large family of children, and at the present rate of mortality several will die of zymotic disease.

"Hence, when a death occurs, the living and the dead must be together in the same room; the living must eat, drink, and sleep beside a decomposing corpse, and this in usually a small, ill-ventilated room, overheated by a fire required for cooking, and already filled with the foul emanations from the bodies of the living and their impure clothes.

"This is an everyday occurrence in Clerkenwell, and constitutes a formidable evil."

So great was the pressure for accommodation of some sort or kind, that even the cellars and kitchens in the basements of the houses were occupied as dwelling-places and overcrowded.

In St. James', "the worst feature of the overcrowding was the very common practice of residence in cellars or kitchens. In the majority of cases the places are quite unfit for human residence.

" . . . A cellar in St. Giles'," wrote the Medical Officer of Health for that district in 1858, "has been the by-word

for centuries to express a wretched habitation unworthy of humanity.

"Dating from the time of Charles I., the underground dwellings of our district attained the acme of their miserable notoriety from the pen and pencil of Fielding and Hogarth.

" . . . The Building Act of 1844 contained stringent clauses against the use of such rooms unless they possessed requisites of area and ventilation, such as were out of the question in the cellars of St. Giles'.

"The Metropolis Management Act (1855) repeated the prohibition of 1844, and in defence of the public health the Board have lately put this statute in force. This has been done without compromise. As separate habitations for occupation by human beings at night 'a cellar in St. Giles'' is no longer to exist."

This was written in 1858, but in the following year he wrote:—

"The profit derived from letting the basement of these houses as dwelling-rooms was too strong a temptation for their owners, and many of the kitchens were let again as soon as the Inspector had reported them emptied."

In the Strand (1856) underground rooms and kitchens were inhabited "notwithstanding that District Surveyors are numerous, and that the Metropolitan Building Act is in operation."

In Westminster, "an examination of various portions of the parishes shows that large numbers of the poor occupy premises whereby they are not only deprived of the required quantity of air, but being situated below the level of the street, the ventilation is insufficient, the rooms generally damp, and when closed for the night the atmosphere is perfectly insufferable—mostly kitchens and cellars, evidently never intended to be used as sleeping rooms" (1858–9).

The causes of the dreadful overcrowding which existed so extensively were many and deep-seated—springing from the very roots of the social and economic system. And they were of great force and widespread in effect.

The cause to which the various authorities and Medical Officers of Health directly attributed it was the one immediately before their eyes—namely, the pulling down of houses which hitherto had afforded shelter, of a sort, to the people.

As the Medical Officer of Health for St. Olave, Southwark, said (1860–1) :—

"To effect street improvements—to build warehouses, or for some other purpose—the habitations of the working classes are broken up without any provision being made for them elsewhere. They are therefore driven by necessity to crowd into other houses in the same neighbourhood perhaps already overcrowded."

An actual illustration was the case reported by the Medical Officer of Health for Limehouse :—

"The London Dock Company have, for the purpose of enlarging and improving their docks, pulled down not less than 400 houses in the parish of Shadwell, the homes of not fewer than 3,000 persons of the poorer classes.

". . . The neighbouring parishes are now suffering from an augmentation of their already overcrowded population."

The District Board of St. Saviour, Southwark, stated that the evil of overcrowding "can scarcely be exaggerated, whether it be regarded in a physical, mental, or moral aspect."

The principal of the causes are :—

"(1) The arbitrary power exercised by railway companies in ejecting the labouring classes from their homes without any obligation to provide for their domestic convenience.

"(2) The existing law of (poor law) removal, any break in the three years' residence in the parish rendering them liable to removal to other distant parishes."

The latter had, however, most probably, but very small effect.

A great cause was that described by the Medical Officer of Health for Shoreditch :—

"There is a constant and rapid flow of population into Shoreditch. It is in this circumstance that I see one of the most alarming dangers to the health of the district.

"The area does not enlarge, and yet year after year dense crowds of human beings are packed and squeezed into that limited area. The growth of the population has far outstripped the growth of the house accommodation.

"The immense majority of the immigrants are precisely of that class which most largely increases the dangers of disease by thickening the population. You are largely burdened with the pauperism of other and wealthier districts. The burden is doubly grievous; for it taxes your property, your labour, and gives strength to the elements of disease amongst you.

"It is probable that there is no spot in London more crowded with life than many places in Holywell or St. Leonard's.

"Typhus—a disease more terrible than cholera—has made itself at home in the parish."

And the Medical Officer of Health for Fulham wrote (1857):—

". . . The daily necessities of the labourer's family draw so heavily on his earnings as to leave only a very small sum for the payment of rent, and hence the most limited house accommodation is sought for and endured. . . ."

The most powerful cause of all, however, was, undoubtedly, the overpowering instinct of self-preservation, or, in other words, the need of working, no matter under what conditions, for the only means of obtaining food for themselves and their families. That, as a rule, necessitated their being near the work to be done—and rather than lose that work any conceivable hardship or abomination would be put up with.

Another of the great causes of overcrowding was high rent.

"It must not be imagined," wrote the Medical Officer of Health for the Strand (1858), "that this system of overcrowding is altogether a direct consequence of a state of poverty. It certainly does not appear to be so, for among the Metropolitan Districts the Strand ranks seventh in order of wealth.

"The overcrowding seems to be partly a result of the

high rental which the houses and rooms of many parts of the district—so peculiarly well situate for business purposes—command, and partly of the 'middleman' system, in which so many of the houses in the occupation of the poorer residents are let.

"The 'middleman' system, which obtains so largely in this metropolis, in the letting of houses of the kind referred to, is ruinous in its action upon the working classes. The rent paid for a single room often exceeds a sixth or fifth of the total income of the family. . . ."

In a case in Bow Street Police Court it was given in evidence that 21, Church Lane, St. Giles', was rented of the owner for £25 a year—that the rents recovered from the sub-tenants were £58 10s.—and the rents received by these sub-tenants from lodgers £120 per annum.*

Overcrowding was not confined to the sleeping places of the people, for the same causes which cramped the available space for people at night, cramped also the space for very many of them during the day when they were away from their so-called homes.

Of the overcrowding in factories and workshops, where so many of the working classes spent their days, and of the insanitary conditions in which they there worked, no mention is made in these earlier reports of the Medical Officers of Health, not because there were not any, but because the inspection or regulation of factories and workshops did not come within the sphere of their duties. Evidence in plenty there is on this branch of the subject in later years from those who could speak with authority in the matter, and it will be referred to hereafter, and that the state of things then described is equally applicable to this period is an inference so legitimate as to be tantamount to a certainty. That the bad conditions under which the workers worked were a great contributing factor in the insanitary condition of the people is a fact as to which there can be no question.

Mention is made, however, of the overcrowding which existed in another large section of the community—

* P.P. 1852–3, vol. lxxviii. p. 327.

namely, the overcrowding of children in some of the schools. The Medical Officer of Health for Whitechapel reported that there was much overcrowding, and in his report for 1857 gave some instances of it in his district :—

18, *Charlotte Street.*—In a room 8 feet high, 7 wide, 10 long: 14 children and 1 mistress = 37 cubic feet each.

17, *Charlotte Street.*—Matters still worse ; the room was underground; 10 feet wide, 10 long; about 7 feet high; 35 children and 1 mistress = 20 cubic feet each.

2, *Gorelston Street.*—672 cubic feet; 31 children and 1 mistress = 20 cubic feet each.

In such cases the atmosphere must have been a rapid poison to those breathing it.

There was another powerful contributory cause to the general insanitation of London, namely, the defilement of the atmosphere which people had to breathe. As one of the Medical Officers of Health said some years later :—

"We should remember that the air we breathe is as much our food as the solids we eat and the liquids we drink, and as much care should be taken that it is free from adulteration."

London was already the greatest manufacturing city in the world, and the great volumes of smoke proceeding from the numerous factories undoubtedly deteriorated the quality of the air. But it was the noxious vapours proceeding from the various processes of manufacture classified as "noxious trades" which rendered the atmosphere in many parts of London dangerous to health.

Many were the descriptions given of the almost intolerable evils. Thus the Medical Officer of Health for Rotherhithe reported in 1857 :—

"In the mile length of Rotherhithe Street there are no less than nine factories for the fabrication of patent manure, that is to say, nine sources of fœtid gases. The process gives out a stench which has occasioned headache, nausea, vomiting, cough, &c. Many complaints have been made by the inhabitants."

From St. Mary, Newington, "the terrible effluvium of bone-boiling is freely transmitted over the district."

Some manufacture in a yard in Clerkenwell (1856–7), which had existed until lately, was "one of the most abominable, exceeding anything that the imagination could picture."

And in every parish or district of London there were slaughter-houses.

"There are too many slaughter-houses in crowded districts," wrote the Medical Officer of Health for St. Pancras (1856–7). "It is impossible that slaughtering of animals can be carried on amongst a dense population without proving more or less injurious to the public health.

"This it does in several ways—by occasioning the escape of effluvia from decomposing animal refuse into the air and along the drains, and by the numerous trades to which it gives rise in the neighbourhood which are offensive and noxious, such as gut-spinning, tallow-melting, bladder-blowing, and paunch-cleansing."

Even in the Strand District there were (1856)—

"Nuisances arising from various branches of industry, the slaughtering of sheep and calves in the back-yards, and even in the cellars and kitchens, and the keeping of cows in the basements under private dwelling-houses, conditions which continue to exist in the most crowded parts of this district, and should on no account be permitted in such a district:" whilst in Westminster "pig-keeping existed to a very considerable extent."

In some of the outer parishes the "fœtid emanations" caused in the process of brickmaking added to the general impurity of the air.

There were many other local causes of impurity of the atmosphere, some even caused by the Sanitary Authorities themselves. Thus the more thorough scavenging and removal of the filth of streets and houses, vitally necessary as that was, resulted in the accumulation of great heaps of filth in crowded centres.

Thus the Medical Officer of Health for Fulham reported that:—

"The collection of dust heaps, and dust contractors' depôts, constitute a most injurious and offensive nuisance—enormous quantities of animal and vegetable matter are heaped together, from which the most noxious effluvia constantly arise."

And the Medical Officer of Health for Rotherhithe pointed out (1858) that:—

"It is little use causing our own dust to be carted away if Rotherhithe is to become the receptacle of all the ashes and offal of a large neighbouring parish (Bermondsey). On a piece of land near the Viaduct there stands an immense heap of house refuse, covering an acre of ground at least, and forming quite an artificial hillock, the level of the surface having been raised 12–14 feet. The bulk of the heap is composed of ashes with a due admixture of putrefying vegetable matter and fish."

A little later he reports it as 1½ acres in extent, averaging 15 feet high, in one place as high as 20 feet.

How to deal with these noxious or offensive trades was felt by some of the Medical Officers of Health to be a great difficulty.

"We have the health of the community on the one hand," wrote the Medical Officer of Health for Lambeth; "the great manufacturing interests on the other. . . . We have all a common right to an unpolluted atmosphere, and it is our bounden duty to withstand any encroachments on that right. The personal aggrandisement of the manufacturer must not be achieved by the spoliation of the property, the comforts, and the lives of his poorer neighbours. . . .

"But the manufacturing interest is not a thing to be trifled with. Destroy the manufactures of Lambeth, and you starve its population. There are nuisances of more benefit than of injury to the community," and he rather deprecated "a crusade against those interests, the untrammelled prosecution of which has raised this country to its present proud pre-eminence."

Some of the Medical Officers of Health expressed decided views on the subject (1857):—

"Those who follow unwholesome trades led on by the

thirst of gain," reported one Medical Officer of Health, "have no right to poison a neighbourhood and swell its mortality."

The Medical Officer of Health for the Strand wrote (1856) :—

". . . The protection of the public health which has been committed to your charge is, beyond doubt, of infinitely more importance than, and should far outweigh the interests of, private individuals how numerous soever they should be."

The Nuisances Removal Act, 1855, had given the local authority power on the certificate of the Medical Officer of Health to take proceedings against an offender, and had provided the means for inflicting a penalty. And in some instances it was used, for the Medical Officer of Health for Hackney reported :—

"Several proprietors of noxious trades having omitted to adopt the best practicable means for preventing injury to health, in some cases legal proceedings were taken against them."

The Medical Officer of Health for Whitechapel declared there was no desire on his part to use the powers of the Act to the oppression of any individual or to insist upon the adoption of such arbitrary and stringent measures as shall drive wealthy manufacturers from the district. "All that is necessary to be insisted upon is that the business be so conducted that the health and comfort of the inhabitants shall not be injured."

But whether it was from the unwillingness of the local authorities to prosecute, or the difficulties of enforcing the law, the nuisances continued to the great detriment of the health of the people.

And over and above this combination of nuisances, there was the abominable smell from the river. That still was an evil.

"Rotherhithe," wrote the Medical Officer of Health, in July, 1858, "in common with all other metropolitan river-side parishes, has suffered considerable inconvenience during the last month from the stenches arising from the filthy

state of the Thames water. Perhaps in the annals of mankind such a thing was never before known, as that the whole stream of a large river for a distance of seven or eight miles should be in a state of putrid fermentation. The cause is the hot weather acting upon the ninety millions of gallons of sewage which discharge themselves daily into the Thames. And by sewage must be understood not merely house and land drainage, but also drainage from bone-boilers, soap-boilers, chemical works, breweries, and gas factories—the last the most filthy of all. . . . It is quite impossible to calculate the consequences of such a moving mass of decomposition as the river at present offers to our senses."

As one sums up all these disastrous influences, or rather, these evil powers, unceasing in their work, by night and by day—in the overcrowded dwelling and the street—with their victims unable to escape, one realises somewhat the conditions under which great masses of the people of London were living.

The result was a fearful mortality—an awful waste of human life.

"Death," wrote one of the Medical Officers of Health, "finds easy victims in filthy habits, overcrowded rooms, impure air, and insufficient and ineffective water supply."

The consequences were inevitable.

"Wherever there are crowded apartments, imperfect or no drainage, offensive cesspools, dung-heaps resting against houses or close to inhabited rooms—wherever ventilation is impeded by the narrowness of courts and alleys, and wherever the inhabitants living under these unfavourable circumstances lose their self-respect, pay no regard to personal cleanliness, and consider a state of filth and offensiveness as their natural lot—there we find zymotic diseases in full force and frequency. Those attacked do not simply recover or die. I shall not be exaggerating when I say that all recovering from these complaints are permanently injured." *

It is impossible to apportion the respective shares which these various causes of insanitation had in bringing about

* Clerkenwell, 1856.

these dire results, but overcrowding was undoubtedly one of the principal. As to its disastrous effects the Medical Officers of Health were of one opinion. There was no single exception to the strong-voiced insistence upon this fact.

"The main cause," wrote the Medical Officer of Health for the Strand (1856), "to which we must attribute the high mortality is the close packing and overcrowding which exists throughout the district. . . . Overcrowding and disease mutually act and react upon each other.

"There is one circumstance of general prevalence throughout the district which, so to speak, almost paralyses these efforts of sanitary improvement—overcrowding—the overcrowding of parts of it with courts and alleys, the overcrowding of these courts and alleys with houses, the overcrowding of these houses with human beings" (1859).

"The overcrowding of dwellings," wrote another,* "is one of the most frequent sources of sickness and decay at all ages."

"Perhaps," wrote a third,† "there is no single influence to which a human being is exposed more prejudicial to his health than overcrowding in rooms the air of which cannot be perpetually and rapidly changed."

"No axiom," wrote another,‡ "can be more positive than the connection of epidemic diseases with defects of drainage and ventilation . . . the overcrowded localities being especially scourged by disease."

The consequences were not confined to epidemic disease; other fatal diseases were begotten by it.

"All medical writers," wrote the Medical Officer of Health for St. James' (1858), "are agreed that impure air from want of ventilation is the most potent of all causes of consumption."

Not merely directly did overcrowding bring about fatal results. Indirectly it also led thither. It was recognised as a cause of intemperance and of the evils, moral as well as physical, which ensued from intemperance.

"Men whose nervous systems became depressed, and the

* Fulham, 1857. † Whitechapel, 1857. ‡ St. Giles, 1859.

tone of their system generally lowered, became the subjects of a continued craving for stimulants." *

Dr. Simon, Medical Officer of the General Board of Health, wrote:—

"In an atmosphere which forbids the breath to be drawn freely, which maintains habitual ill-health and depresses all the natural spring and buoyancy of life, who can wonder that frequent recourse is had to stimulants?"

The evils were disastrous enough for the adult population, but they fell with more dire effect upon infants and young children.

"Conditions more or less injurious to health gradually impair the matured energies and slowly undermine the fully developed constitution of the adult; but the self-same conditions, exerting their baneful influence on the infant or young child, nip the tender plant in the bud and speedily destroy its young life." †

Throughout the whole of the metropolis the infantile mortality—that is, of children under five years of age—was very great: Almost without exception it was close upon, or over, 50 per cent. of all the deaths in the various parishes or districts.

In Clerkenwell the infantile mortality, which was "nearly one-half of all the deaths," was characterised as "enormous"; but in Shoreditch it was actually one-half, being 50 per cent. (1858); in Bethnal Green it was over one-half, being 52 per cent. (1858); in St. George-in-the-East it was 53½ per cent.—or, to put it otherwise, of 1,351 deaths in the year, 720 were of children under five. In Poplar it was more than half. In Islington, in 1857, nearly half. In St. Saviour, Southwark, 50 per cent. in 1860–1, "a waste of life which appears almost incredible."

In Limehouse (in 1857) of 1,403 deaths 690 were under five.

The Medical Officer of Health wrote:—

"It is when such wretched offspring, ill-nourished, ill-clothed, and in every way neglected, become exposed to the depressing influences of an impure atmosphere that they

* St. George the Martyr, 1859–60. † Strand, 1859–60.

sicken, and such children when they sicken they die. . . . When the habitation of such children is an overcrowded, dilapidated tenement in some close, ill-ventilated court or alley, furnished with an undrained closet, surrounded by untrapped drains, and festering heaps of filth, we find ourselves astonished, not that so many die, but that so many survive."

In some special places the mortality was still higher. Thus the Medical Officer of Health for Kensington reports in 1856:—

"In some places the mortality among infants under five years of age was at the enormous rate of 61·3 of the total deaths.

"One of the most deplorable spots, not only in Kensington, but in the whole metropolis, is the Potteries at Nottingdale. It occupies about 8 or 9 acres, and contains about 1,000 inhabitants . . . the general death-rate varies from 40–60 per 1,000 per annum. Of these deaths, the very large proportion of 87·5 per cent. are under five years of age."

The Medical Officer of Health for Whitechapel (in 1858), after reporting that the total mortality under five years in the Whitechapel district is about 56 per cent., wrote:—

"How to overcome this frightful and apparently increasing amount of mortality of the young is a problem well worthy the attentive consideration of every citizen. The time may be far distant before this problem is solved; nevertheless it is my duty to chronicle facts, and although I may not be able to suggest a remedy to meet this evil, still the knowledge that so large an amount of infant mortality does exist in our district—I may say, at our very doors—will perhaps rouse the attention of the philanthropist, the man of science, and the man of leisure, to investigate its cause, and endeavour to mitigate it."

Once more it must be called to mind that this mortality was not the whole of the evil, for it was indicative of widespread infantile sickness and disease among those who escaped the death penalty—sickness and disease impairing the health and strength of thousands upon thousands of the juvenile population.

The facts set forth by many of the Medical Officers of Health must have enlightened many of the new local authorities as to the nature and extent of the work which it had now become their duty to perform, and the grave problems for which they were expected to find the best solution.

The earlier annual reports of many of the Vestries and District Boards were poverty-stricken in the extreme, and were mostly confined to bald and uninforming tables of receipts and expenditure, which practically threw but little light upon the condition of their parishes.

The Vestry of St. Mary, Newington, evidently anxious to prevent disappointment as to immediate results from its action, stated that:—

"In consequence of the previous want of adequate sanitary powers in the local authorities of this and other suburban parishes, so great an extent of sanitary improvement was required when the Vestry came into operation, that it was impossible the whole could be dealt with at once, at the same time acting with consideration for those who have to bear the effects of many years' neglect of those sanitary duties which are now found to be so essential."

Lambeth Vestry expressed its desire to discover:—

"In what manner a prompt and beneficial execution of the provisions of the Act can be secured without creating any serious increase in local taxation."

One of the Vestries, indeed, gave the quaint explanation that one of the things which somewhat retarded sanitary improvement was "the novelty of applying compulsory powers to landlords."

The desirability of securing parks and places of recreation for the people was one of the matters which first appealed to some of the Vestries and District Boards, and memorials were addressed to the Metropolitan Board urging the importance of their putting in force the powers conferred on them for the purchase of land for such purposes.

Others directed their attention to the promotion in a small way of improvements in their parishes by widening streets and roads, and preserving open spaces—towards

which, in some cases, they received a contribution from the central authority.

A good deal of paving was done, and better measures taken for scavenging the streets and courts, and for the removal of refuse and dirt of all sorts.

To local sewerage, as distinct from main sewerage, they also gave attention, and in 1856 designs for 45 miles of new sewers were sent in to the Metropolitan Board for approval, and £34,700 borrowed for the purpose; and in the following year for 46 miles of new sewers, and loans for £109,000.

A fair amount of drainage work was also carried out—thousands of cesspools were filled in and drains made. Also a certain amount of inspection, with the disclosure of an enormous amount of insanitation.

Thus, in the Strand District in 1856—where 813 houses were inspected—in 774, or 91 per cent. of these, works had to be done to remedy sanitary defects. In the following year 1,760 houses were inspected, and in 1,102 sanitary defects were found. In Poplar, of 1,299 houses which were visited, 795 required sanitary improvement. In Paddington 2,201 houses were inspected; in over 1,600 works had to be executed to put them in sanitary order; figures which showed that, roughly speaking, two out of every three houses were sanitarily defective.

"The last year," wrote the Medical Officer of Health for Hackney (1857)—where 1,518 houses had been connected with the sewers—"has been a year of drainage."

Parliament having enacted that the "owner" was responsible for the state of his property, this work had to be done at the expense of the owners; but how many decades had passed in which "owners" had spent nothing on the property, and had been receiving large rents; and how many cases of sickness and death had occurred in their houses, the result of the insanitary condition in which they had been allowed to fall, and in which they were allowed to continue.

In Holborn such works cost the owners about £3,400 in 1857, and in Lambeth about £10,700.

But the work thus chronicled touched little more than the fringe of the matter. Most of the local authorities had, out of a spirit of economy, or for some other reason, appointed only one Inspector of Nuisances; yet in nearly every one of their parishes there were thousands of houses—in Greenwich 11,000, in St. Marylebone 16,000, in Lambeth 22,000—and years would have had to elapse before the solitary inspector could have completed even one round of inspection and got the houses he inspected put in order; whilst the others would inevitably have been existing in, or falling into, a state of insanitation. For years, therefore, the most vile disease-begetting nuisances might not merely exist throughout the parish, but work endless evil without any interference, as indeed they did.

Some of the Vestries put forward their economy as a claim for praise. Thus, the Wandsworth Board said that "a due and careful regard to economy had characterised all their proceedings," and the Vestry of St. Mary Newington said, in 1860, that it had carried out its operations out of current income and had incurred no debt.

The Medical Officers of Health held their offices at the pleasure of the Vestries, and, therefore, if they valued their position, had to be cautious in their criticisms of the management of the affairs of the parishes.

But their reports convey that the work which ought to have been done was not being done as rapidly as they wished.

"I wish I could induce the Vestry to insist more upon having the poorer dwellings cleansed and lime-whited." And again, "The Vestry has the power to restrict the operation of underground rooms, yet it has not moved in this important matter." *

The Medical Officer of Health for St. Giles' (1857) referred to the—

"Indisposition of the Board to do works and charge the owners"; and, referring to a special case, he wrote, "It becomes your duty to do something to prevent the production of disease among the neighbours."

* Clerkenwell, 1860–1.

The Medical Officer of Health for St. Pancras wrote in 1856–7 :—

"In many houses the overcrowding is very great. There is a clause under the Nuisances Removal Act by which the Vestry is called on to take proceedings before a magistrate to abate overcrowding, if it is certified to be such as to endanger health. No prosecutions have been taken under this clause."

And again in 1859 :—

"Very little has been done in this parish to abate overcrowding—extreme cases have been proceeded against. No systematic efforts have been made in this direction."

And the Medical Officer of Health for Hampstead wrote (1856) :—

"Nothing short of constant vigilance and inspection can keep the dwellings and premises of the people in a tolerably healthy state. I am not sure that your Board is blameless in some of these respects—an amiable, though weak, reluctance to act severely to any."

And in 1857 he pleaded for the appointment of an Inspector of Nuisances, which, however, he did not get.

The local authorities had their difficulties in dealing with many of these matters, even when they were disposed or anxious to do so, owing to—

"The imperfection of the powers conferred on them by the legislature, and to the great and stubborn apathy of a poor population."

And the Medical Officer of Health for St. James' (1858) attributed blame to the public generally :—

"One of the greatest barriers to the practical efficiency of sanitary arrangements is the ignorance and carelessness of the public. It is frequently seen that where infectious illness occurs, little or no attention is paid to its infective character, and an unscrupulous intercourse is carried on between the members of infected families, not only amongst themselves, but amongst their neighbours, and thus these diseases are propagated in spite of every warning and precaution."

"I regret," wrote the Medical Officer of Health for

Whitechapel, "that the powers of your Board are not at present sufficient to compel the owners of small house property to provide an adequate supply of water for their tenants."

The Medical Officer of Health for Westminster wrote :—

"Few of the objects of sanitary improvement can be fairly attained without intrenching upon private interests to an extent which would appear harsh and oppressive. One great obstacle consists in the habits of a great portion of the poor—generally deficient in cleanliness or order; they consider any endeavour to improve their dwelling as an interference, and throw every obstacle in the way. On the other hand, a large number are most grateful for what has been effected."

But in many matters the local authorities would not take action. In only four parishes or districts in London had public baths and wash-houses been established under the Act of 1846, though where they were in existence "the benefits were immense by promoting habits of cleanliness."

In Poplar in 1858–9 nearly 40,000 men, and 3,000 women, and 400 children availed themselves of the baths.

In St. Pancras (1856–7) the laundry department, erected by the "Society for Establishing Public Baths and Wash-houses," was of great value in affording the poor housewife an opportunity of washing and drying her linen away from her one room, in which the family had to live night and day.

"I have frequently seen a small room of this kind with from four to eight or even ten inmates rendered doubly unhealthy by these laundry operations, which produce a damp and almost malarious atmosphere."

The Medical Officer of Health for Lambeth had pleaded for such an establishment in his district, but "the idea of erecting them seems quite abandoned by the Vestry."

"I know nothing more objectionable in a sanitary point of view than the washing of foul clothes in the dwellings of the poor, and still worse the drying of them in courts and rooms already deficient of free circulation of air and light."

Nothing, however, was done. But inaction far greater in gravity and infinitely more reprehensible was that relating

to the housing of the people. The Medical Officer of Health for Whitechapel drew attention, in his report of 1857, to their power in this respect :—

"Docks, railways, warehouses, &c., &c., must be constructed for the increase of the trade of this great metropolis, but our construction of them ought not to prevent us from providing better habitations for the working classes whose labours effect these improvements; more especially as it is in the power of parishes by virtue of an Act of Parliament to encourage the establishment of lodging-houses for the labouring classes." * Not one single Vestry or District Board ever attempted to deal with the evils of bad housing and overcrowding by putting into operation the provisions of this Act.

The occasional statement in the report of a Medical Officer of Health as to what was actually done in his parish, by showing what might have been done in any other one, brings into strong relief the incapacity or deliberate inaction of the local authorities of other parishes. Thus, in some parishes the Medical Officers of Health endeavoured to effect some diminution of overcrowding—for instance, the Medical Officer of Health for Islington reported that—

"In several instances the owners of dwelling-houses had been summoned for permitting the overcrowding of their houses; and the magistrate had fined the offenders."

And the Medical Officer of Health for Holborn in the same year wrote :—

"Your Board has already done much to ameliorate the condition of this class of society (the poor and overcrowded) by compelling the owners to cleanse, drain, and ventilate their dwellings; to close cellars, to provide proper water supply, sanitary accommodation, and in many cases had abated overcrowding."

But few of the Vestries followed, or attempted to follow, these examples, and in many of the most vital matters a deliberate inactivity was the prevailing characteristic of the Vestries and District Boards.

* 14 and 15 Vic. cap. 34.

"In several Vestries resolutions were actually moved with the view of averting the construction of sewers. It was thought by many persons of influence to be better to live in the midst of overflowing cesspools than to add to the defilement of the Thames." *

The Medical Officers of Health did not confine themselves to merely reporting what was annually done to ameliorate the existing state of affairs.

As was their duty, they made numerous and frequent suggestions to their authorities as to what it was best to do. And some of them, going further than this, sometimes endeavoured to inspire the members of the Vestries and District Boards with a sense of the gravity of their work, and with lofty views of their duty. Occasionally, even, they did not hesitate to censure their employers for inaction or lethargy.

The Medical Officer of Health for the Strand wrote (1856):—

"To pave streets, and to water roads, to drain houses or even to construct sewers, however necessary these works may be, are among the least important of the duties which devolve upon you. But to improve the social condition of the poorer classes, to check the spread of disease, and to prolong the term of human life, while they are works of a high and ennobling character, are yet duties involving the gravest responsibility. Should less care be bestowed upon our fellow creatures than is daily afforded the lower animals? At the present moment the condition of many of the working classes is degraded in the extreme."

The Medical Officer of Health for St. Saviour, Southwark, wrote (1856):—

"In all our efforts at sanitary improvement we are chiefly dealing with persons who in most instances have not the power of helping themselves, and who until of late have had no source to which they might apply for aid in rendering their dwellings clean and wholesome."

The Medical Officer of Health in St. Pancras wrote:—

"All who have made themselves acquainted with the con-

* Shoreditch, 1859–60.

dition of many of the poor of London will agree with me when I say that before their moral or religious state is likely to be remedied, their physical condition must be improved, and their houses made more comfortable. On you devolves, to a great extent, the solemn responsibility for carrying out the preparatory work."

The Medical Officer of Health for St. Martin-in-the-Fields wrote to his Vestry in 1858: "To permit such grievous evils as are to be seen in the worst localities of this great city is a contradiction to the teaching of Christianity . . . such outrages on humanity as many of the abodes of the poor are permitted to remain.

"It is unholy, it is unchristian, that people should herd together in such dens; and so long as such dwellings are allowed to be occupied our assumed religion must be a pretence and a sham. . ."

And thus, the Medical Officer of Health for Bethnal Green:—

"To open out avenues through our cul-de-sac courts, to promote the sanitary condition of every house, to arrest by thorough drainage and removal of refuse the elimination of aerial poison, are the great duties that we have day by day to do. Though the task before us be great, the objects in view are immeasurably greater—to exalt the standard of life, to economise rates, and above all to decrease the sum of misery, disease, and death. . . . To supply the arm strong to labour, to substitute productive for unproductive citizens, to decrease the death-roll of the young, and to protract life beyond the present span, these are the tasks that sanitary science imposes on us."

The Medical Officer of Health for Clerkenwell pointed out that—

"The poorer classes have not the means of remedying the defective sanitary conditions under which they are living. But the Vestry has this power."

The Medical Officer of Health for St. Pancras made a calculation that nearly 1,200 deaths in the parish in 1858 were due to causes which might have been prevented by sanitary improvements. "To every death we may safely

assume more than thirty cases of illness. This gives us 36,000 cases of preventable disease in the year."

"You will see," wrote the Medical Officer of Health for St. James' (1856), "that by diminishing death and disease, you are diminishing poverty and want. . . . The sanitary question lies at the root of all others. It is a national one and a religious one. It is true that in the exercise of your powers you will often be met by the assertion of the rights of property, but the right of life stands before the right of property, and it is this recognition of the sacredness of human life that lies at the foundation of sanitary legislation."

The Medical Officer of Health for Whitechapel wrote:—

"I have in this report, as in duty bound, spoken plainly; if in the opinion of some members of the Board too plainly, my apology is—the deep sense I entertain of the importance of sanitary progress; for upon the success that shall attend the labours of those engaged in this most sacred cause depends the improvement of the social, moral, and intellectual condition of the people."

And the Medical Officer of Health for St. Giles' made this pathetic appeal for action:—

"While you are listening to the remainder of this report, I trust you will hold in your mind how many lives are being sacrificed every month to deficiencies in sanitary arrangements."

It is only here and there in the earlier reports of the Medical Officers of Health that specific mention is made of intemperance, but every reference to the subject showed how largely "drink" affected the sanitary condition of the people and intensified and complicated the evil conditions in which the people were placed, and rendered any amelioration, physical, moral, or religious, infinitely more difficult.

It was becoming more and more generally recognised that a very large proportion of the deaths and of disease were preventable.

"Any skilled eye glancing over the mortality tables will observe that a considerable number of deaths might have been prevented."

"We are now to a great extent aware," wrote the Medical Officer of Health for St. Saviour's (1856), "of the physical conditions on which the lives of individuals and communities depend."

The Medical Officer of Health for Fulham wrote in 1857:—

"Sanitary science and experience have full clearly proved to us how great an extent the prevention of disease and its extension rests with us."

But against contagion and infection no precautions whatever were taken, and so disease was sown broadcast throughout the community, and death followed.

As to suggested remedies and action there was a chorus of absolute unanimity upon some points:—

"The principal cause of the extent of zymotic disease," wrote the Medical Officer of Health for Mile-End-Old-Town, in 1859, "is the defective state of the habitations of the poorer classes. The remedy for the evil is only to be secured by a systematic house visitation.

". . . Without a general house inspection it is impossible to secure the proper entry to and use of the expensive sewers which have been and are being constructed.

"Having done so much for the streets, pavements, and drains, the improvements will lose half their salutary effect if the interior of the dwellings are not placed in a corresponding condition of wholesome cleanliness."

"It is," wrote the Medical Officer of Health for Whitechapel, "to the interior of the houses that our attention must be directed, for it is here that the source of disease is usually found. . . . An habitual and detailed inspection of the houses occupied by the poorer classes is therefore essential."

A house-to-house visitation was, indeed, the first essential. By no other means could the actual condition of the abodes of the people be ascertained, and the breeding places of disease be discovered, cleared out, and rendered innocuous. And as there was a never ceasing tendency on the part of the poorer classes to sink into a condition of uncleanliness, and on the part of their abodes to fall into dilapidation, or, as it was expressed, "a pertinacity for dirt," so was constant

inspection and supervision of vital necessity for the maintenance of any improvements made.

"There are," wrote the Medical Officer of Health for St. Pancras (1858), "many parts of the parish densely crowded. Some of the people have become so used to filth, they appear to prefer it to cleanliness; at any rate, they have not the energy to get rid of it and improve their condition. Such houses—perfect hotbeds of infectious diseases—ought to be visited two or three times a year. . . ."

The Medical Officers of Health had one valuable object lesson before them in the common lodging-houses, which, regulated and inspected by the police under the Acts passed by Parliament, had shown that even the very worst conditions of life could be ameliorated, and that the very lowest and most miserable classes of society were not beyond improvement.

"The chief points which are regulated by the authorities (the Police) are cleanliness, drainage and water supply, the separation of the sexes, and the prevention of overcrowding. The testimony of all who are acquainted with the dwellings of the poor is concurrent as to the immense sanitary advantages gained by the provisions of the Common Lodging Houses Act, and the results had been to improve in a marked degree the health, habits, and morals of the persons using these places." *

"The cleanliness, comfort, and ventilation of the licensed rooms in common lodging houses offer a very marked contrast to those which are unlicensed." †

To more than one of these officers the idea occurred that similar benefits would follow if tenement houses were similarly inspected..

"I believe considerable good might be accomplished by a legislative enactment placing every house let out in weekly tenements to more than one family under similar regulations to those affecting common lodging-houses, and rendering landlords liable for permitting overcrowding to exist upon their property."

The success of the common lodging houses was due to the

* St. Giles', 1857–8. † St. Olave, Southwark, 1856.

enforcement upon the owner of the first essentials of sanitation in the house he let to occupants, and to the regular "inspection" of his house to secure that those essentials were maintained in a state of efficiency.

But it was just these two things that were most held in abhorrence by the majority of tenement-house owners in London.

The Medical Officer of Health for the Strand, after describing the overcrowding of tenement-houses, wrote (1858):—

"No remedy it is feared will be found until all houses of the class alluded to, the rooms of which are let out as separate tenancies, shall be compulsorily *registered* under the supervision of the Local Authority of the District in which they are situate, as fit for the accommodation of a certain number of persons, and no more."

"This suggestion will doubtless excite the sneers of the ignorant, the fears of the weak, and the ridicule of the selfish, coupled with the usual expressions about interference with the liberty of the subject; but the upright and unprejudiced will not fail to perceive that it is the liberty and the health of the working classes, forming, as they do, so large a proportion of the mass of the people which it is sought to protect from the tyrannical and grasping covetousness of an avaricious few who care little whether the health of the working man be destroyed, or whether his children be reared up in such a way that disease and vice must almost necessarily result, provided they succeed in obtaining for themselves an additional percentage upon their investment."

And the following year he again forcibly adverted to the subject.

"When it is borne in mind that in some of the small courts in this District there are packed together as many persons as almost equal in number the soldiers congregated in a commodious barracks, is the high death-rate a matter of surprise? But what can be done? The authorities, general or local, cannot surely be expected to provide suitable dwellings for the people! Undoubtedly they cannot; but it is incumbent upon these authorities, in the interest of the well-being

of all classes of the community, to place a prohibitive limit in regard of overcrowding upon the class of houses the rooms of which are let out as separate tenements, which would, without hardship upon their occupants, speedily produce the desired effect. Such a condition, practically speaking, already exists in regard of most of the Public Institutions of this country in which large numbers of persons reside; such a condition is enacted by law in regard of our emigrant ships: such a condition is enforced by Act of Parliament in regard of Common Lodging Houses: and in all these instances the principle works well. Is it reasonable, then, that in relation to the influence of over-crowding upon health and life, less care should be taken of the people who occupy the densely populated districts of our great towns and cities than is already provided by law for the inmates of our Common Lodging Houses, or for the paupers admitted into our Workhouses, or for the emigrants who leave our shores? Surely the injustice cannot but be apparent."

Other suggestions were also made.

The Medical Officer of Health for Whitechapel wrote (1859):—

"If the public is to enjoy health, and a freedom from the ravages of epidemic disease, a stop must be put to the present scheme of erecting houses in crowded situations; for although the rights of property are to be respected, yet, in my opinion, such rights are of secondary consideration when compared with the public health and the increased burdens which must be borne by the ratepayers to support those whose sickness is occasioned by the unhealthiness of the localities where they reside."

Several urged the vigorous enforcement of the existing law. To the Vestry of Lambeth the Medical Officer of Health wrote in his report in 1856:—

"You must proceed actively against those who have raised the value of their possessions by ignoring the value of human life, who wilfully multiply disease by neglect of their pestiferous property."

The Medical Officer of Health for Hackney wrote (1858):—

"I feel assured that it cannot be too widely known that

individuals will not be allowed to deal with their property in such a manner as to cause injury to the public health. For although individual liberty has long been the boast of England, yet there is a point beyond which it cannot be tolerated with safety; and private good should always be made to give way to the public welfare."

The greater the light thrown upon the sanitary condition of the people of London, the clearer became the fact that the principal blame therefor rested upon the house-owner, lessee, or middleman, or as Parliament defined him, "the owner."

Many of the Medical Officers of Health were outspoken and unhesitating in their opinion as to the responsibility of the house-owner for the existing condition of the dwellings of the people.

"The enemies of the poorer classes," wrote the Medical Officer of Health for Clerkenwell, "are the landlords, who know well that proper lodgings for the really poor do not exist. They know also that if they buy at a cheap rate any old premises not fit for a pig-sty and let them cheaply they will be sure to find tenants."

If it was not the real owner of the house, it was the middleman or person or persons between the owner and the tenant. Rents were high in most parts of London where there was urgent demand for accommodation, and "the yearly rental is unfortunately in many cases still further increased by the 'middleman system'; many of the houses being rented by an individual who sub-lets them in separate rooms as weekly tenancies, and this at an increase of 20 per cent. (Strand 1856) :—

"And thus it is that health and life are daily sacrificed at the shrine of gain."

What sort of property some of them held, and the condition in which they allowed it to remain, whilst they drew their "gain" from it, is graphically illustrated by the Medical Officer of Health in St. Olave's, Southwark (1856).

He thus described the houses in three small courts :—

"The whole of these houses are held by one person, and it is impossible to imagine any state much worse than the condition of everything connected with their drainage, &c.

"Here, within a small area, are thirty-nine houses, all having open foul privies, cesspools all filled, and many overflowing. The yards are foul, dirty, damp, and wretchedly paved with small, loose, broken bricks—most of them are daily filled with the overflowing of the drains and cesspools, the drains are all untrapped, and scarcely a house has a proper receptacle for water; they are mostly broken, dilapidated, uncovered tubs, placed close to the cesspools, so as to absorb the foul gases emanating from them. The effluvium on entering any of these places is abominable, and greatly complained of. . . .

"These three courts are thickly inhabited."

In the following month he reported nineteen houses in two streets very much the same as above. In the next month twenty more—in the month after, thirty more. He might almost have had the general description printed, with blanks for filling up the number of such houses and where situated.

If it had not been for the new Acts passed in 1855, this condition of things would doubtless have continued indefinitely. That condition had been reached under absence of inspection, or regulation, and freedom on the part of the owner to do as he liked; and had no laws been enacted to terminate it, no change would ever have been effected.

And when efforts were made by the local authorities to remedy similar places, strong opposition was met with. Thus in Hackney (1856–7) :—

"1839 nuisances have been rooted out. In very many cases prosecutions have been ordered by the Board. They were almost invariably opposed by the offenders, generally people of substance, with the advantage of able legal aid, in the most pertinacious and resolute manner. . . ."

The novelty of enforcing upon the owners the improvements deemed necessary naturally raised in the minds of some of the Medical Officers of Health the question as to the justice of such a proceeding. Those who discussed it were clear upon the point.

Thus the Medical Officer of Health for Shoreditch (1856–7) wrote :—

"The question of putting houses into a condition fit for habitation has two bearings. It is, *first*, a question between the landlords and the tenants, whose health is sacrificed by neglect. It is, in the next place, a question between the landlords and the ratepayers.

"If the landlords neglect to make the necessary outlay in improving their property, the expense of maintaining that property in its unhealthy condition is thrown upon the ratepayers, for these have to bear the burden of supporting the sick and the destitute."

And the Medical Officer of Health for Clerkenwell:—

"At present the poor rates are raised by the parish having to pay the expenses of afflicted poor persons, whose misery has in most instances arisen from defective sanitary arrangements, the remedying of which ought to have been effected at the expense of the landlords, who derive their substance from the miseries of the poor."

And the Medical Officer of Health for St. George's, Hanover Square:—

"I am compelled to say that the number of dingy and dilapidated houses is a proof either that the owners of house property do not exercise sufficient control over their tenants, or that they themselves are grievously neglectful of their duties to their tenants and to society at large. The health of the Parish should not be allowed to suffer through the default of either landlord or tenant. . . . Here there need be no scruple about interference with private property.

"No man is allowed to sell poisonous food, and none should be allowed to sell poisonous lodgings, more especially as the effects of poisonous food are confined to the persons who eat it—the effects of unwholesome apartments may be diseases that may be spread."

On the equity of compelling the owners to put their houses in order, there are many insisters.

"It is but right," wrote the Medical Officer of Health for Fulham (1857), "that those who have hitherto fed their own resources by impoverishing others, should now in their turn make good the damage."

The Medical Officer of Health for Poplar (1856), wrote:—

"While on the one hand we must not proceed in a reckless manner so to burden property as to render it entirely unproductive, yet on the other we cannot allow the labouring man, whose health is the only property he can call his own, to live in unwholesome places to the destruction of that capital, by which alone he is enabled to support himself and family."

And the Medical Officer of Health for Mile-End-Old-Town (1856) :—

" . . . To charge such property (viz., in bad condition and heavily encumbered) with the costs of thorough repair, would leave the owners in some instances, I am fully aware, destitute, but life is more sacred, and possesses higher rights than property, and it cannot be just to inflict or continue a public injury while endeavouring to spare and sympathise with the inconvenience of an individual."

That the evil state of the dwellings of the poorer classes entailed a charge upon the public was also pointed out by the Medical Officer of Health for Bethnal Green, who, referring to the miserable homes in the parish, wrote :—

" From the cradle to the grave their inmates are a direct charge upon our funds."

Happily the law was beginning to be enforced, and beginning to create a little alarm among some house-owners.

" As landlords are now aware that their property will be visited in rotation by the Inspector, the necessary alterations and improvements are frequently effected by them in anticipation." *

Others did the necessary work when ordered to do it by the sanitary authority.

Others, however, not until legal proceedings were taken, and they were ordered by the magistrate to do it—and even then some would not obey the magistrate's order, and the work had to be done by the sanitary authority, and the cost thereof levied from the owner.

One case was recorded by the Medical Officer of Health for St. Giles', in 1858–9, in which the authority of the law was more strongly asserted.

* Whitechapel, 1857.

"While speaking of the resistance met with in enforcing sanitary requirements, it may be here mentioned that the extreme step of imprisoning the owner of a certain house has been had recourse to for his obstinate refusal to comply with a magistrate's order."

That disease and sickness among the people entailed a great loss and heavy burden upon the community appears scarcely to have received any recognition up to this, and yet it was a truth of far-reaching importance. That individuals suffered was of course clear, but that the community did was by no means realised.

Several of the Medical Officers of Health promptly discerned how true it was, and in their earlier reports dwelt upon it, pointing out the effects, and emphasising their great importance.

"It cannot be too often impressed upon our minds," wrote one, "that sickness among the poor is the great cause of pressure upon the rates; and everything that will tend to diminish the number of sick will be so much saved to the ratepayers." *

"The greater the amount of disease," wrote another, "the larger the proportion of pauperism."

"Of the causes of pauperism, none are so common as disease and death," wrote another.

Indeed, a little consideration must have demonstrated its truth. Difficult as it was for the individual in health to earn a livelihood—when sickness fell upon him there was the instant and complete cessation of his wages, and there were expenses incurred by his sickness. If he recovered, there had been a long disablement from work, and a heavy loss. If, however, he died, the community suffered by the loss of his productive labour, and, where the victim was the bread-winner of a family, his widow and children but too commonly became a charge upon the rates.

"High mortality in a district," wrote the Medical Officer of Health for Clerkenwell (1858), "especially among the poor who are the principal sufferers, does not relate simply to the dead; the living are also deeply concerned. Every

* Whitechapel.

death in a poor family causes an interruption to the ordinary remunerative labour, and produces expenses which have to be paid out of scanty wages. Hence the living suffer from want; the parish funds must be appealed to; families become parentless, and next comes crime."

The Medical Officer of Health for Whitechapel (1858) wrote :—

"In the course of time the public will learn that sickness, with its concomitant evils, viz., the loss of wages, the calls upon clubs and friendly societies, the increased amount of charitable contributions, a heavier poor rate, &c., entails more expense upon the community than would be required to carry out sanitary improvements in widening streets, converting the culs-de-sac into thoroughfares, and in erecting more commodious houses for the poor."

And the Medical Officer of Health for the Strand wrote :—

"Of every death which occurs in this district over and above the ordinary rate of mortality, the number of *cases of illness in excess* must be a high multiple. And during every attack of severe illness the patient, whatever his position in life may be, must be maintained—if wealthy, at his own expense, if poor, at that of the community at large. And in the latter case, the community at large must thus suffer a direct loss. *Health is money*, as much as time is money, and sooner or later sickness must be paid for out of the common fund. . . ."

And the Medical Officer of Health for Shoreditch (1856) wrote :—

"To communities as well as to individuals there is nothing so expensive, so fatal to prosperity, as sickness. To a productive and labouring community, health is the chief estate. . . . A community is but a system of individuals—if one portion of that system be disabled by sickness, every other portion will feel the blow; the whole community will be taxed to support that part which is rendered incapable of supporting itself. It is then a plain matter of self-interest, as well as of solemn obligation, to exercise the most vigilant care in preserving to the poor

their only worldly possession, their health and capacity for self-support."

Nor did the danger to the great community of London, from the prevalence of sickness in any particular district, appear to have received the faintest recognition.

And yet, in the matter of health, and protection from infection, all classes from the highest to the lowest had equal interest; for disease commencing or raging in one district is not long in spreading to other districts.

The Medical Officer of Health for Chelsea (1857–8) wrote:—

"It cannot need any argument to prove that diseases of an epidemic or infectious nature cannot be arrested in their progress by the imaginary line drawn around the boundaries of the parish—that the smoke from the furnaces in Lambeth and Vauxhall must be wafted across the Thames and influence the health of the inhabitants of Chelsea, if not kept in check, and that evils of minor importance in Pimlico, on one side, and Kensington on the other, may be quite as prejudicial to the health of the neighbours residing on this side of the boundary as to those among whom they are generated."

That any one locality had a duty to its neighbours, still less to London as a whole, as well as to the people of its own area, was beyond the range of the ideas of the vestries and district boards. Indeed, if their sense of duty did not induce them to look after and safeguard the people for whose sanitary condition they were immediately responsible, how could it be expected of them to be influenced by considerations as to those residing outside their area, and residing many miles away.

And yet, by the very condition of things, this greater responsibility did exist.

But the great fact that in the vital matter of the public health London was one great community, the various parts thereof being indissolubly welded together into one great whole, had not as yet apparently dawned upon the minds of the newly-created local authorities; nor, indeed, had Parliament even realised it, for it had left the forty and more of

those authorities full freedom to scatter disease of the deadliest type from one end of London to the other, and to imperil the lives of London's inhabitants.

The reports of one of the Medical Officers of Health give such an exceptionally complete and vivid description of the condition of the parish to which he had been appointed, and in which he worked, that a series of extracts from them are given.

The parish was the parish of St. George-the-Martyr in Southwark, on the south side of the river, just opposite the City; "low-lying and flat, and about half a foot below Trinity high-water mark," with an area of 282 acres, and a population of about 52,000 persons, and the Medical Officer of Health was Dr. William Rendle, who speaks of himself as "an old parish surgeon."

"If a loose drain conducts stenches into a man's house instead of out of it, if the concentrated filthiness of a gully is blown into a front door or window, if a house often visited with fever has not been cleansed or whitewashed for many years, if there is no water but putrid water filled with disgusting living creatures, and no butt except a rotten one, not even the most enthusiastic lover of things as they are can find fault with us if we try to alter these things for the better. . . .

"Let us picture to ourselves the man of the alley come home from work.

"The house is filthy, the look of it is dingy and repulsive, the air is close and depressing; he is thirsty: the water-butt, decayed and lined with disgusting green vegetation, stands open nigh a drain, and foul liquids which cannot run off are about it, tainting it with an unwholesome and unpleasant taste; the refuse heap with decaying vegetable matter is near, and the dilapidated privy and cesspool send up heavy, poisonous, and depressing gases. Such are the homes, may I say, of thousands in this parish?"

He contrasts the public-house with that, and says: "The surprise is not so much that one man here and there reels home drunk and a savage, as that for every such a one there are not twenty. Gentlemen of the Vestry who have seen

these things can bear me witness that I do not exaggerate. This is no fancied statement. . . .

"This parish has always been remarkable for its deathly pre-eminence. Hitherto there has been no sufficient law. After this we shall stand without excuse. . . .

". . . Who is to say, when the question is improvement, as to where we shall stop? No doubt there is a question of more or less rapid progress, so as to hurt existing interests as little as may be. . . .

"Our intrusive visits, as some would call them, into filthy and diseased houses, benevolent as they are, on behalf of those who cannot always help themselves, have example even in the most remote times and from the highest authority. The ancient authority was more imperative, and made it more a matter of conscience. In the ancient Jewish law it was ordained 'that he that owneth the house shall himself come and tell the Priest, saying: "It seemeth to me there is, as it were, a plague in the house." ' The Priest was then to command the emptying it, so that "all in the house be not made unclean." He was then to cause it to be scraped within and about, and finally he was to pronounce when the house was clean, and might be again inhabited.

"The Priest was, you perceive, the Medical Officer of Health under the Jewish law, and this text of Leviticus is the 13th section of the Diseases Prevention Act. . . .

"From what I see of the parish we cannot without inconveniently close packing hold many more.*

"The growth of our parish is not from births alone; some persons of course immigrate from other parts of England, but the greater part come from Ireland, bringing with them disease and poverty. . . .

"I am afraid that the poor of other parishes are forced upon us. We increase in poverty, and, paradoxical as it looks, the poorer we get the more we shall have to pay.

"There are now from 6–7,000 cases of illness per year attended by the poor-law surgeons.

* Population went up from 51,824 in 1851 to 60,278 in 1896.

"Our poor work at the waterside, in the city, and at the docks; their productive labour helps to pay the rates of other parishes, but in difficulty and sickness they live and lean upon us.

"Now as to *overcrowding* :—

In Lewisham there are	2	persons	to	an	acre.
,, Camberwell	,, 13	,,	,,	,,	
,, Rotherhithe	,, 21	,,	,,	,,	
,, All London	,, 30	,,	,,	,,	
,, Newington	,, 104	,,	,,	,,	
While we have	184	,,	,,	,,	
And in one of the parts of the parish	244	,,	,,	,,	

"Our parish is now almost completely built over.

"In 1850, out of 1,169 deaths 565 (or one half) were under 5 years.

"In Bermondsey, 506 out of 983.

"Our parish and Bermondsey are quite ahead (of others) in this unenviable race towards death."

"The contents of our sewers can only be discharged 4 hours each tide—8 hours each day—the remaining 16 hours daily they are reservoirs of stagnant sewage."

"We are sadly deficient in sewers. At least 100 courts, alleys, and back streets are entirely without drainage. . . . Some of our sewers have remarkably little incline. That in Friar Street, a most important one, is so level from Bean Street to Suffolk Street that it has a most curious quality for a sewer, that of flowing either way equally well.

"One very prevalent evil is loose brick drains which let the deadly gases into houses."

". . . We are a most melancholy parish, low in level and low in circumstances. The lowest and poorest of the human race drop from higher and richer parishes into our courts and alleys, and the liquid filth of higher places finds its way down to us. We receive the refuse as well as the outcomings of more happily situated places."

His report for 1857 continued his description:—

"We lose annually 30 per 1,000—there are only two parishes worse than we are. Some at least of this mortality is preventable. If we could keep to the average of all London we should lose 300 less a year; or even to that of Bethnal Green we should lose 200 less.

"Few people believe we are so bad as we really are, and if we do not believe we shall not of course try to mend it, but it cannot be denied.

"The rich Londoners pay a low poor-rate. The poor Londoners pay a high poor-rate. This bears hardly upon us; it stifles us: more and more packed, more and more impoverished; with very little space between the poor rate-payer and the pauper, there is more sickness and death.

"Density of population brings you more deaths, more sickness, more expense.

"The dreadfully vitiated air of our courts and close rooms produces and fosters consumption."

Commenting on the common lodging-houses, he wrote:—

"The police regulations for order, cleanliness, and prevention of disease are in the highest degree satisfactory. . . . The benefits are so great that the employment of the same regulations in the more crowded and filthier houses of the poor can only be a question of time. It is the highest humanity to quicken the progress.

"Vestries have power sufficient for the purpose. The need is so great, so undoubted by those who have seen the evils with their own eyes, and the benefit to be obtained so certain, that if the local authorities do not enforce the improvements, the police will have to do it.

"As to the overcrowding, I have brought many cases before you, each from illness resulting difficult of cure, constantly recurring. 'I can never get out of that house,' said the district surgeon of one of them. The eight rooms in this house were always full, the receipts £2 2s. a week, yet it was dirty, neglected, and overcrowded. So the poor live, and I may say, so they die."

"As to some manufactories, some of them are very bad, and their pernicious influence spreads widely. I do not

think any manufacturer should be obliged to leave; trades must, of course, be protected; but one man must not, to save a little expense in his building and machinery, be allowed to poison a neighbourhood, containing as this does some 30,000 people.

"There are various ways of making almost all of them bearable."

"In this parish are at least 4,000 houses rated under £10 a year, and containing 30,000 persons."

1858. *1st Quarter :—*

"Of smallpox and vaccination there are some who neglect this great precaution, and so not only imperil themselves but others. Here is the evil, and indeed, I believe, the reason why the disease is not altogether banished."

". . . A case registered as diphtheria occurred and died; it began in one of the very worst localities and then extended to opener and better places. Thus it is that modern society neglects the social condition of its poor, and the poor with a well-ordered revenge bring disease and death as a consequence."

Referring to some tables he compiled, he said :—

"In this table appear 42 deaths from consumption; it has but recently become prominent how very preventable a disease this is . . . the principal causes have here been made obvious enough: sleeping closely in ill-ventilated rooms, overcrowding, and bad ventilation."

"It is now quite established that, with close overcrowded rooms—that is, by assiduously causing the continued breathing a tainted atmosphere—you may insure consumption in the most healthy.

"3,500 years ago the Jewish legislator promulgated laws and duties almost identical with those we are now engaged in carrying out as new in the nineteenth century—but so it is."

". . . There is a great deal of carelessness touching human life, and a great want of common sense or serious thought in the preserving it. Much is left to chance. There is either fatalism or stolid indifference upon the matter pervading highest society, and the poor, driven as they are from

richer districts into poorer neighbourhoods, can scarcely help themselves; they lose at last all healthy communication with richer or better neighbours, and all taste for pure air and healthy pursuits; they pack close, they descend a little, often a great deal, toward the lower animals, and so live neither for this world nor the next."

"There are 7,000 houses in this parish. 890 of these have been visited this year, and in 756 the work ordered has been carried out—sometimes in a most slovenly manner—an apparent compliance with your orders. In the poorer districts the most incompetent men are employed to plaster over, patch over, whitewash, or cover over the evils ordered to be *not covered but amended*. Still a great amount of good work has been done.

". . . Overcrowding is the normal state in our poorer districts. Small houses of four rooms are usually inhabited by 3 or 4 families, and by 8, 16, or 24 persons, *e.g.*, 133 inhabitants in 8 houses . . . a filthy yard generally implies a filthy house and unclean habits" . . . "this parish with its thousands of refuse heaps."

"I know that we are on the right track. May Pole Alley, a cul-de-sac with its 23 houses and 180 people, was once a nest of infectious diseases. I attended some 10 cases of typhus there, some of them malignant enough to destroy life in 48 hours. With great trouble this court has been cleansed and amended. It is very much more healthy."

1858. *2nd Quarter* :—

"June—an exceedingly hot and dry month. You may judge of the effect of such temperature upon exposed dung-heaps, wet sloppy yards, and rotten, filthy, uncovered water-butts; three characteristics of this parish. . . .

"The Surgeon of the District writes thus to the Board of Guardians: 'The smell is very bad from a horse-boiling establishment in Green Street, which causes a great increase of sickness near that part.' This of course refers to the bone boiling and other like establishments, of which there are, in this one small street, three cat gut manufacturers, one soap boiler, one horse slaughterer, and four bone boilers

—all very offensive trades. I am receiving complaints in all directions as to this matter. I am inclined to think that this is not altogether just to the 20,000 inhabitants who live within the effluvia circle of Green Street."

As to infantile mortality he writes: "I confess I see but little difference between that sanguinary ancient law that directly destroyed weakly and deformed children, and that modern indifference that insures at the very least an equally fatal result" . . . "these disturbing truths involving so much trouble and expense, and giving us painful reminders of new duties, as well as of old ones neglected."

He complains of having to neglect a great many cases of insanitation owing to want of staff. ". . . Of those upon whom orders come to remove nuisances, &c., a large number are objectors, and not a few positive obstructors. . . . ."

"The items in this last table merit attention, and throw a sad sort of light upon the condition of the poor of this parish. We have visited 73 unclean and ruinous houses; 118 in which the water was stored in a most unwholesome manner; 163 in which the drains were defective enough to be disease producing; 72 in which the w.c.'s were more or less unfit for use; 110 yards sloppy, not paved, or ill-paved; and 138 in which there was no sufficient provision for house refuse. . . .

"We are packing more and more closely.

"In the great mass of our poorer habitations the allowance of breathing room is not more than 200 cubic feet per head —often as low as 120. In one house reported to me there were 30 in four rooms with only 2,410 cubic feet, or 80 cubic feet per individual. This must, of course, be premature death to many of them. . . .

"We cannot overlook what is going on: improvements are being effected elsewhere, the dwellings of the poor are being destroyed, a few parishes are fast becoming pre-eminently poor, over-crowded, and filthy. I need not tell you that this parish is one that gets in this respect steadily worse from the improvement in others.

"The temptation is very great to overcrowd; the poor family, however large, by crowding into one room, and by

even taking a casual lodger in addition, obtains a sort of home at a cheaper rate, and the owner gets a much larger revenue out of what I must, I suppose, call human habitations. The resulting illness and death are considered inevitable, or are viewed with a stolid indifference."

1858. *3rd Quarter*:—

Of the greatness of the mass of prevalent evils he wrote: "I have often reported it here, but the very enormity of the evil blunts our appreciation of it. . . ."

There had been a high mortality in the Quarter. "We are once more, I believe, the worst parish in London. . . ."

"The back districts of this parish require relief, as much as Ireland ever did, from a class of middlemen who, with some few most honourable exceptions, grind out all they can from the most squalid districts, and carry nothing back in the way of cleanliness or improvement."

He gives a long list of streets and courts and places where disease was rampant and deadly owing to the insanitary conditions.

"It may perhaps be said that all this is in the order of nature, and cannot be prevented. My experience of a quarter of a century among these diseases points quite the other way. Providence does not intend that reservoirs of stinking putrid matter shall stand so close to the poor man's door as to infest him at bed and board. . . . In the Jewish scriptures the places for the purposes here mentioned are ordered to be without the camp, as far from the breathing and eating places as possible; and among us, as you see, when we tolerate such abominations, He visits us with death. It is the result of the irrevocable laws of nature often averted by what appear as happy accidents, but at last, when disregarded, deadly. Gentlemen, you are the trustees for life and death to a population of well-nigh 30,000 people, who from the force of circumstances are more or less unable to help themselves. . . ."

"Of course it cannot be expected that we can provide the homes of the poor with the orderly arrangements and benefits of these Institutions (Dispensaries, &c.)—that, however, will form no excuse here or hereafter for not carrying out

the improvements we can easily achieve, and which a wise legislature has given us full authority to do."

"Total deaths in Quarter ended October 2nd, 1858—369, of which 225 were of children under 5 years=61 per cent!!"

The whole tone of this report was such that he could not possibly continue as Medical Officer of Health to a then existing Vestry, and he resigned.

He was succeeded by another very able man, Dr. Henry Bateson, from whose reports may be continued the description of this parish up to the census of 1861.

"The onward moral and intellectual progress of the human race depends far more upon the sanitary state which surrounds it than has ever yet entered into our imaginations to conceive. . . .

"We have suffered severely from the ravages of smallpox. Smallpox is a disease over which we have perfect control, and which, were vaccination thoroughly carried out, might be banished from these dominions."

". . . Men whose nervous systems become depressed and the tone of their system generally lowered, become the subjects of a continued craving for stimulants."

". . . Our wells are but the receptacles of the washings from our streets, the off-scourings from our manufactories, the permeations from our cesspools, and the filterings from our graveyards."

1860–1861. After five years' local government:—

"The circumstances are various and complicated, which contribute to prevent the improvement of the district, and even make the endeavour seem at times hopeless. No one can know the fertile sources that exist for producing in the mind this feeling of despair save those engaged in sanitary labours; or those perchance whose duty it may be to visit our poorest and lowest localities." . . . "It is no light and easy work to remove the aggregate evils of centuries which, like the coral reefs of the ocean, have grown up silently and continuously to their present magnitude. . . . There are hindrances all around, some of which are unsurmountable, such as those arising from the imperfections of

the law itself . . . there are also vested rights, customs, ignorance, stupidity, and avarice, all of which have to be dealt with and overcome if possible."

"Nature never pardons. Obey and it is well; disobey and reap the bitter consequences."

Referring to some houses "of the worst description, having no yards, nor even windows behind, so that ventilation was impossible," he says: "I am sorry to say that there are numbers of similar houses still standing, and occupied by the most ignorant and degraded of our population—a class living almost in the neglect of laws human and divine; and as heedless about the present and the future as the very heathen themselves. . . ."

"The state and condition of the dwellings of the poorer classes are a stain upon our civilisation."

". . . No one can conceive, nor would they believe, unless eye-witnesses, the wretched circumstances in which vast numbers of families have to spend their lives. It is indescribable."

"The daily task of keeping clean their houses and families, once a pleasure to them as well as a duty, having to be performed amid overwhelming obstacles on every side, from which no hope of escape remains to cheer them on, is gradually neglected and ultimately abandoned, their spirits become torpid and depressed, and this is necessarily followed by the derangement of the functions of the body. Finally they become reckless, and this recklessness increases the evil which gave it birth. There is action and reaction. What marvel then that, like unto those about them, they float down the ebb tide towards the dead sea of physical dirt and moral degradation. It has been truly said by Dr. Southwood Smith, 'The wretchedness being greater than humanity can bear, annihilates the mental feelings, the faculty distinctive of the human being.'"

"The heedlessness shown in the building of houses is astonishing. No care is taken about the nature of the subsoil, the position, the ventilation, and means of cleanliness. They are run up anywhere and almost anyhow, and too often become the prolific source of disease." And he

quotes: "No man has a right to erect a nuisance, and the public has clearly as good a right, as great an interest in enforcing cleanliness to prevent the outbreak of an epidemic as in requiring walls to prevent the spread of fire. Yet, where one is destroyed by fire, how many thousands are there destroyed by disease, the indirect result of such erections?"

"We are desperately careless about our health, and apparently esteem it of small value. A great modern writer has truly said: 'The first wealth is health. No labour, pains, temperance, poverty, nor exercise that can gain it must be grudged. For sickness is a cannibal which eats up all the life and youth it can lay hold of, and absorbs its own sons and daughters.'"

The descriptions here given enable us to realise how terrible and pitiable a state of things had been reached, and the depths of filth, and misery, and abomination into which the people had been allowed to sink through the indifference of Parliament, the absence of any local government, and the neglect or avarice of the "owners."

One hope there now was. Parliament had at last made laws to remedy these evils, and local governing authorities had been created to administer and enforce the laws.

In 1858 a Public Health Act was passed by Parliament, which put an end to the existence of the Board of Health, and transferred to the Privy Council the administration of the Diseases Prevention Act. And the Privy Council was authorised to cause inquiry to be made in relation to matters concerning the public health. In 1861 a medical department of the Privy Council was formed which has in many ways been of immense service to the cause of public health, and which, as time went on, developed towards a true Ministry of Public Health.

All things considered, by the end of the first five years of the working of the new local constitution conferred upon the metropolis, a real beginning had been made in the sanitary evolution of the great city. Some of the grossest evils had been attacked, and a start made in lifting London

out of the depths of the appalling slough of abominable filth in which it had become submerged.

In some of the vitally important matters progress was material. The improvement in the water supply was considerable, the main drainage works had been started; the construction of many new sewers, the abolition of great numbers of cesspools, and the better drainage of houses, were all events of a decidedly satisfactory character.

And the death-rate of London as a whole showed a slight decrease—from 23·38 per 1,000 in 1851 to 23·18 in 1861. In some districts there was an increase—in the majority, however, there was a decrease.

But most encouraging of all was the direct evidence afforded by experience as to the effects of sanitary improvements.

Thus, in Whitechapel, the Medical Officer of Health, in reporting that the cases of fever had diminished from 1,929 in 1856 to 190 in 1860, said:—

"This diminution may be fairly attributed to the additions made to the sewerage of the district, the improvements effected in the drainage of 2,172 houses, the abolition of 3,002 cesspools, the better paving of many of the courts, the systematic inspection, &c., of houses where fever occurred, the removal of 37,607 nuisances, and to the abolition of several offensive trade nuisances."

And the Medical Officer of Health for Shoreditch wrote, in 1861:—

"That the diminished mortality and the lesser frequency of epidemic diseases are really due in great measure to sanitary works and inspection is proved by the diminution and even disappearance of certain forms of sickness from streets, courts, and districts where sewers have been constructed, ventilation provided, and other improvements effected; whilst, on the other hand, the districts still requiring those necessary reforms furnish far more than their proportion of the epidemic sickness and mortality."

Philanthropic individuals were increasing their efforts for the improvement of the people; and societies, working on a self-supporting basis, were taking more active interest in

the housing problem, and erecting model lodging-houses and more healthy habitations.*

Public opinion was more interested than before in sanitary matters, and it was thought that the working classes had also in some degree awakened to the care of their own health.

"Altogether," wrote the Registrar General, in his report on the health of London after the census figures of 1861 were known, "there is abundant proof of that increased regard for human life that attends civilisation."

* "The moral and social benefits conferred by these buildings has been immeasurable," wrote one Medical Officer of Health (St. Pancras).

"They are institutions whose larger acceptance would save the lives of hundreds, and reclaim the morals of thousands," wrote another.

CHAPTER III

1861–1870

The Census of 1861 disposed of the various estimates of the population of London, and of the death-rates in its various parishes, and gave authoritatively the actual figures.

From 2,363,341 persons in 1851, the population had gone up to 2,808,494 in 1861—an increase not very far short of half a million; and the number of inhabited houses had increased from 306,064 to 360,065.

The natural growth of the population, or in other words, the excess of births over deaths, accounted for but part of this increase. The rest was due to the great stream of immigrants into London, which, notable previously, "continued to flow thither with unabated force."

The increase was not equally distributed. The population of the central parts showed a decline. There the great economic forces were most powerful, and under their influence the population of the "City" had decreased by more than 15,000: that of Holborn and St. Martin-in-the-Fields by nearly 2,000 each: that of St. James', Westminster, by about 1,000, and two or three others slightly.

But elsewhere—east, north, west, south—the increases had been great, and in some instances remarkable. Poplar had increased in the decade by 32,000; Islington by 60,000; St. Pancras by 32,000; Paddington by 29,000. And on the south side of the river, Wandsworth had increased by 20,000; Newington and Camberwell by 17,000 each; and Lambeth by 23,000.

The rate of growth in the various wards or parts of the parishes showed, both as regarded persons and houses, great

differences, the most rapid increases being in the parts nearest to the centre of London.

A most material factor in the sanitary evolution of any great city, and especially so of London, is the introduction into its population of fresh elements from the outside.

The returns collected by successive Census Commissioners gave considerable information upon this point.

"London is the metropolis of the Empire," wrote the Commissioners of 1861, "and thither the representatives of other nations, of the Colonies, and of Scotland and Ireland resort; but it is chiefly the field in which the populations of the several counties of England find scope for their talents and their industry."

The majority of the inhabitants of London in 1861 were indigenous, for 1,701,177 were born within its limits; 1,062,812 were born elsewhere.

Of these 1,062,812, close on 36,000 were born in Scotland, 107,000 in Ireland, 19,000 in the Colonies, and 48,000 were foreigners. The remainder — amounting to about 893,000—were born in the extra-metropolitan counties of England and Wales.

"Proximity to the metropolis, and the absence of manufactures at home, first drew the natives of these counties to London. The stream of immigrants from the south-western counties was large: Cornwall, Devon, Dorset, Somerset, and Wiltshire having sent 128,422 of their natives to be enumerated in London."

Likewise the stream from Norfolk and Suffolk was large. But the great bulk of the immigrants came from the counties immediately around London.

To put the figures in simple form — of every 1,000 inhabitants of London, 606 were born in London, the remaining 394 were born elsewhere.

And the census provided also the means for ascertaining as correct a death-rate as could be arrived at. In 1851 the death-rate was 23·38 per 1,000; in 1861 it was 23·18—not much of a decrease, but satisfactory in showing that some of the evil powers of insanitation were stayed.

It is, however, always to be borne in mind that either

the death-rate, or the number of deaths, gives but an imperfect and incomplete picture of the sanitary condition of a population. It tells but the tale of those who have died of disease—it leaves uncounted and untold the far greater number of those who have been either temporarily disabled or maimed for life by disease. Estimates vary considerably as to the number of persons who suffer from disease and recover; and the proportion of recoveries to deaths varies in different diseases, some diseases being so much more deadly than others. But the sick-rate is always, and under all circumstances, very much greater than the death-rate.

The mere taking of a census could have no visible or actual effect; the routine of life and the action of the various economic and social forces continued unchanged; but the information gained was of the utmost value.

The figures and the facts recorded afforded startling demonstration of the immensity of London, and of the growing gravity and complexity of the great problems of London life.

London was huge before—appalling almost in size and population; now it was shown to be huger than ever. Everything was on a more enormous scale. The masses of population were far larger, and were rapidly increasing; and with this increase everything concerning their existence became more and more complicated, and every reform more and more difficult. The removal of evils affecting their physical and social being would be a heavier task, the supervision of their conditions of life more onerous and exacting, and the provision of a government to secure their well-being a graver problem than ever.

One of the great forces unceasingly at work, and one of the great contributory causes to insanitation and to the maintenance of a high death-rate was, undoubtedly, drink. It led to poverty and overcrowding, it led to ill-health and greater susceptibility to disease; and the evils acted and reacted upon each other indefinitely—a vicious circle from which there was no escape, overcrowding leading to a craving for drink, and drink resulting in poverty and there-

fore overcrowding with its attendant evils and high mortality. Since the unfortunate moment in 1830 when Parliament deemed it expedient "for the better supplying the public with beer" to give greater facilities for the sale thereof, and scattered broadcast throughout the nation the seed of unlimited evil, facilities for drink not only of beer but of spirits have been practically unlimited. Against this source of evil, which is often mentioned in their reports, neither Medical Officers of Health nor Vestries could contend, and had no power to contend. But all through the history of the sanitary evolution of London this deep underlying curse was present, acting as a perpetual clog upon sanitary and social progress—a horrible, all-pervading and tremendous power for evil.

In the earlier years of this new decade of 1861–70 the central government—the Metropolitan Board of Works—was demonstrating the great utility of a central governing authority for London, and a task was nearing accomplishment which was absolutely the first essential, the very foundation of an improved state of the public health.

It was engaged in pressing vigorously forward the great system for the sewerage and drainage of London designed for taking off the sewage and refuse waters of a prospective population of three and a half million persons, and the rainfall of a drainage area of 117 square miles. Until those works were completed no great degree of sanitary improvement could be expected.

In 1861 the Board reported that a portion thereof had been finished, and as the work gradually progressed the Vestries were able to avail themselves of the deeper outfalls afforded, and to undertake drainage works in their several areas.

By 1865 the great task was virtually accomplished. Eighty-two miles of main intercepting sewers had been constructed, and the sewage was being conveyed away by them several miles distant from London.

Their completion enabled the Metropolitan Board to fill in the open sewers, which had so long polluted the atmosphere, and been such a fertile source of disease in the

districts where they existed, and took away from the Vestries any excuse for delay in carrying out the construction and putting in order of the local sewers for which they were responsible.

The central authority had thus brought into existence a gigantic system of sewerage by which the river near London ceased to be the main sewer of London, and the whole of the metropolis was relieved of many of the most powerful causes of fever, cholera, and other destructive diseases. It was a great work, admirably and expeditiously carried out, and it cleared the way for other sanitary reforms which were impossible without an effective general system of sewerage, yet which were essential if a satisfactory condition of the public health were ever to be attained.

The central body also proved its great utility by securing uniformity in the sewerage and drainage works which fell to the duty of the local authorities to carry out. All plans by the Vestries had to be submitted to the Board so that the Board might see that they were consistent with the main system.

Both main drainage and house drainage were thus steadily being extended and improved, but in many places things were still outrageously bad. Nor had the creation of fresh evils been effectually prevented, for from Bromley came the complaint that several new estates were rapidly being covered with small house property which drained into cesspools.

And the Medical Officer of Health for Fulham wrote (1866):—

"The active operations of your Board have fortunately relieved the Fulham district to a large extent from that pregnant source of mischief—want of drainage; still there are large tracts of building land yet unprovided for, on much of which houses by dozens are being squatted without any regard to this great essential by the builders, save the horrid cesspool system. It is enough to have to counteract the evils of past imprudence without perpetuating them by such wilful recklessness. . . ."

The supply of water to the inhabitants of London was of equal importance to an efficient system of sewerage. The problem had by no means been solved by "The Metropolis Water Act" of 1852, which had enacted that within five years after the passing of the Act a constant supply should be given by the companies. Unfortunately, the supply was in the hands of various public companies over which the local governing authorities had practically little or no control, and, like all sanitary legislation of this period, the results were not commensurate with the intentions of the Legislature.

An illustration of how insufficient the supply was, was detailed in a report of the Medical Officer of Health for Whitechapel in 1862:—

"A return has been made by the Inspector of 133 courts in the district.

"Of these—in 48 which contain 388 houses and have a population of 3,233 persons the water supply is by stand taps only, from which the water flows daily (Sundays excepted) for a period varying from quarter to half an hour.

"This intermittent supply is totally inadequate to the wants of the people."

Parliament made an effort in 1862* to amend the law, and enacted that where a house was without a proper supply of water the owner or occupier might be required by the Vestry to obtain such supply, and if such notice was not complied with, the Vestry might do the necessary work and recover the expenses from the owner, and then require the water companies to supply the water.

But the Act was of little practical value, and was made of less value by the inaction of the local authorities.

A few extracts from reports of Medical Officers of Health show how thoroughly unsatisfactory and disastrous to the health of the people the existing condition of affairs was.

The Medical Officer of Health for Fulham wrote in 1864:—

* 25 and 26 Vic. cap. 102.

"The powers at present given by Statutes for enforcing a supply of water for domestic use are, within the Fulham district, all but inoperative. The cry amongst the cottagers is still for water—water without which all other sanitary appliances are at best abortive, without which in ample and continuous flow no community can be preserved in healthfulness. On this essential will depend the perfect working of our deep and costly sewers, on this alone will hang success in minor drainage matters. Water, that first and most important element of health and cleanliness, exists in name alone in masses of our cottage property here, and consequently neither purity of person nor of dwelling can be ensured."

The Medical Officer of Health for St. Martin-in-the-Fields wrote in 1864 deploring that the new laws of the water companies did not provide for water being supplied on Sunday. "It is to be lamented that people should at any time have to go about begging water, and more especially so on Sundays, the very day they most require it."

And the Medical Officer of Health for Westminster wrote (1864) :—

"The water supply to many of the courts and alleys is very unsatisfactory. No Sunday supply.

"It does seem a monstrous arrangement that for 52 days in the year the public should be deprived of that which they pay for, but have no means of substituting by anything else."

And to complete the hardships which the people suffered under in the matter of water supply, if the house-owner did not pay the water rates when called upon to do so, the water company might cut off the supply of the people in the house. This was frequently done, and the Medical Officer of Health for Whitechapel recorded how for four months—

"The inhabitants of Tuson's Court, Spitalfields, had been entirely deprived of water in consequence of the water company refusing to continue any longer the supply, as the landlord had not paid the water rate."

The quality of the water, though improved by the change of intakes to the part of the Thames above Teddington Lock, left very much to be desired. It was no longer contaminated by the entire sewage of the metropolis, but it was still by sewage poured into the river and its tributaries by towns higher up—Oxford, Reading, Windsor, Chertsey, Hampton, and others—and received, unchecked, the whole of the pollution, solid and fluid, of the district constituting the watershed. And this same water, after it had been so polluted, was abstracted from the river, sand-filtered, and pumped into the metropolis for domestic uses and distributed to the consumers.*

The housing of the people was the problem which, above all others, was more and more forcing itself upon the attention of those whose work brought them into actual contact with the conditions of life of the great mass of the people who were in their charge; not merely the construction of the houses or their situation, but the accommodation afforded and the conditions of life therein.

"Our forefathers," wrote one of the Medical Officers of Health, "knew nothing about the public health, and cared less. They added house to house, and street to street, according to their own will and apparent benefit, and so have left us this mingled heritage."

And there were streets and courts and alleys which were not fit for human habitation, and which could never be made so; and thousands upon thousands of houses where "nothing short of a hurricane would suffice to displace and renew the air."

London had enough to suffer under from the state of the existing houses, and an appalling task before her to remedy them, but not alone was this enormous evil practically unattacked, but fresh sources of evil were allowed to be created, and new houses were being erected which would carry into the future the evils which efforts were now being made to put an end to.

"A house may be built anywhere," wrote one of the Medical Officers of Health in 1862, "and almost anyhow,

* See P.P. 1866, vol. xvii. Report of Royal Commission.

provided all the rooms can be lighted and ventilated from a street or alley adjoining. The object of the builder is to save as much ground, materials, and expense as possible. The result is not difficult to foresee. . . ."

No regard, moreover, was had to the ground on which new houses were being built, though that was all-important for a healthy dwelling.

". . . Some of the new houses are built upon garden mould or old 'slop shoots,'" wrote the Medical Officer of Health for Paddington in 1870–1; "these thin and flimsy shells of lath and plaster truly merit the term 'slop buildings.' A dangerous moisture and miasma arises from houses built upon such an unhealthy foundation."

How disastrous the results were to the inhabitants is pointed out by several Medical Officers of Health.

The Medical Officer of Health for Mile-End-Old-Town wrote (1866):—

". . . Many open places now built upon, or being built upon, have been for years the receptacles for all kinds of animal and vegetable refuse, and have become thoroughly impregnated with the products of their decomposition. . . . The result to the health of the occupants is daily realised by the excessive number of zymotic diseases and deaths which occur in them."

The Medical Officer of Health for Limehouse wrote:—

"Ask about the general health and the houses. 'Never been well since coming in, and the children always ailing; and my husband says he feels more refreshed when he comes from his work than after he gets up in the morning. And then everything spoils; meat put into a cupboard is musty in a night. One can keep nothing.'

"These are all new houses."

And a few years later, referring to this same subject, he wrote:—

"A half mile off, a few years ago, there were some acres of gravel pits. The gravel had gone for road-making, &c. The large pit was then filled up on invitation of the owner, with the aid of the scavenger and others, with all the slush and filth of a large circle of contributors. When this fund

of abominations became consolidated, it was built over in the usual style. They were soon occupied by tenants and lodgers. Now this site during the epidemic (of cholera) has been a great slaughter field—the mortality was shocking."

And he added, "there are thousands of such houses built about London."

The Building Act of 1855 was very far from being an effective prevention of such devices as these. It required a notice to be given to the Vestry before any new building was commenced, and a plan to be submitted for approval showing the proposed drainage and the levels of the building; but this requirement appears to have been by no means universally complied with, and some local authorities had great difficulty in getting notices of new buildings commenced within the district. And its restrictions were not sufficient to prevent the speculative builder in places from raising his block of houses in the fields with neither road or sewer for their accommodation, and with the frequent result of fever-stricken tenants.

With the increasing knowledge of their districts gained by the numerous Medical Officers of Health distributed over the whole metropolis, the widespread prevalence of overcrowding in London, and the virulent evils, physical, social, and moral, consequent thereon, come into greater prominence and more vivid light than ever before.

Throughout the central parts of London the process of demolition of houses of all sorts and sizes, inhabited by the well-to-do or by the poorest, was continuing. The street improvements which were being carried out in some places entailed extensive demolitions; whilst the construction of railways and the erection of large stations necessitated the destruction of hundreds of others, mostly those inhabited by poorer persons. Thus, in the improvements in the Holborn Valley, 348 houses, accommodating 1,044 families and 4,176 persons, were taken down and not replaced. And in St. Pancras, and many other districts, the dwellings of the poor were constantly being removed by railway expansion.

The subject of the displacement of labourers in consequence of great public works in the metropolis was brought before the House of Lords in 1861 by Lord Derby.*

"It affects," he said, "in the most vital manner the interests of a large portion of the population who are utterly unable to protect themselves against legislation, however unfavourably it may bear upon them.

"In the metropolis and its suburbs sixty to seventy miles of new line (railway) are proposed—a great portion of these passing through the most crowded streets."

He described specially the parish of St. Bartholomew's, in Cripplegate, with a population of about 5,000 inhabiting 500 houses.

"Throughout it, there are not ten families who occupy a house to themselves, although the bulk of the houses contain only three rooms. The incumbent tells me the aristocracy of his parish consists of families who are able to indulge in the luxury of two rooms. But the greater number have one room, and one only, and this is sometimes divided between more than one family.

"Half of these houses are under notice for the railway."

And Lord Shaftesbury described a great demolition of houses which took place a few years previously in the neighbourhood of Field Lane, City: "1,000 houses were pulled down; 4,000 families, comprising 12,000 individuals, were turned out and driven into the surrounding tenements."

Lord Granville suggested, as a remedy, the provision of cheap trains to carry artisans from healthy dwellings in the suburbs to the scene of their work, and Lord Redesdale said he had introduced clauses into the Railway Bill providing that the companies should run a cheap train every day. But, as Lord Shaftesbury pointed out,† that would not be sufficient, as—

"In some cases the men are under an engagement to their employers not to live more than a certain distance from the warehouse," in order that no time might be lost in executing orders.

* Hansard, vol. clxi. p. 1061. † Ibid., vol. clxii. p. 148.

The remedy, moreover, could only be very gradual in its operation, and was quite inadequate to meet the existing emergency.

This demolition of houses had thus the twofold result of at once intensifying overcrowding in the remaining houses in the localities affected, and in extending the area of overcrowding by causing a migration to other localities, many of which were themselves rapidly becoming overcrowded. And this, combined with the natural growth of the population and the constant stream of immigration into London, resulted in overcrowding on a far larger scale than had hitherto prevailed.

In Mile-End-Old-Town the West Ward had received in the decade 1851–61 an addition of 3,094 persons, whilst but 84 new houses had been built—the South Ward 1,372 persons and 71 new houses built.

In Shoreditch, in 1863, "The tendency to overcrowding was increasing year by year.

"Being mostly operatives, &c. . . . accustomed to live near their places of employment, they were naturally unwilling to travel further than necessary, and so have accepted the readiest accommodation for their families."

Of Whitechapel, the Medical Officer of Health wrote in 1865:—

"The evil of overcrowding is annually increasing, and if means be not adopted to check it, the overcrowding will soon become of an alarming extent. . . .

"Houses formerly occupied by single families are let out in separate tenements, and every room now contains a distinct family; and to such an extent is this separate letting of rooms carried out, that from information given me there is not a single street in the parish of Whitechapel that is not more or less a nursery of pauperism in consequence of this sub-division of tenements."

Away in the west, in Fulham, there had been a "flood of immigrants," chiefly of "the lower and labouring classes." The population had increased 30 per cent., and the Medical Officer of Health wrote (1865):—

"In watching the enormous accession of population to

the Fulham district, one cannot otherwise than observe the constant tendency to overcrowding amongst the labouring people, whilst there seems every possibility of this human tide increasing. The tremendous demolition of the houses hitherto occupied by the working classes more immediately in London itself has dislodged thousands of families, whilst no systematised provision has been made for their reception."

In Westminster the Medical Officer of Health wrote in 1865:—

"The dwellings of the poor were never in a worse or more unsatisfactory state than they are at present from the large number of houses that have been already demolished. The poor are now driven into the most wretched apartments, and which, in consequence of the increased demand, can only be obtained at the most extravagant rates. They are consequently compelled to herd together in one room, usually barely sufficient for half of those it is now made to hold."

The south side of the river was much in the same plight as the north; but there, there was more room for expansion.

The Medical Officer of Health for St. Saviour, Southwark, wrote in 1865:—

"The numerous improvements which continue to be made in and about the heart of London have so increased the value of house property that overcrowding has been almost inevitable.

". . . In a vast number of instances families numbering four to seven persons, ill or well, live, cook, wash, and sleep in rooms the dimensions of which are not greater than is now demanded for each sick person in the workhouse."

The Medical Officer of Health for St. George-the-Martyr, Southwark, wrote:—

"In many of the districts of the metropolis between 60 and 70 per cent. of the population are compelled to live in one small overcrowded room, and in which every domestic operation has to be carried on; in it birth and death takes place; there plays the infant, there lies the corpse; it is lived in by day, and slept in by night."

In the necessity for house accommodation all sorts of places were being pressed into use, and people driven into "places that are themselves unfit for habitation, not having the elements of life and health about them."

The Medical Officer of Health for Paddington described, in 1867, how mews had been thus utilised:—

"In fact these back streets, originally built and intended for horses and vehicles, and only those persons without encumbrances who are engaged attending to them, have now become the resort of persons with large families following all kinds of business—rag, bone, and bottle stores, shops of various kinds, including beer-houses, builders, carpenters, smiths, tailors, sweeps, find accommodation here. Inhabiting the rooms above, too small, and unfitted with proper domestic accommodation for a family, live a vast population of all ages. These evils, rather than otherwise, are increasing."

Into such houses and such rooms the people were by stress of circumstances compelled to go, and, as the Medical Officer of Health for St. Giles' pointed out (1863):—

"A larger rent can be obtained for the same room if it is overcrowded by a large family than if it be hired for only as many inmates as it can properly receive. Hence the interests of landlords are constantly on the one side, the health of the poor on the other. . . ."

What this pressure upon accommodation produced may be gathered from a few figures given by the Medical Officer of Health for Whitechapel:—

	Houses.	Rooms.	Inmates.
In Slater's Court, Whitechapel	10	31	170
In Marlborough Court . .	7	20	82
In Hunt Court . . .	8	32	158

"In one room in Swan Court, having one window, seven persons slept—a man and his wife, the daughter aged 24 in consumption lying in bed, and four younger children; the cubic contents of the room were 910 = 130 cubic feet to each person.

"In Bell Court four persons occupied a room with 94 cubic feet each.

"In three rooms in Hayes Court, each 10 × 8 × 8 feet; each with only one window opening into a narrow court; each occupied by eight persons = 80 cubic feet to each person."

The Medical Officer of Health for St. Pancras (1865) described some of the consequences of the conversion of a house, built originally for one family, into one inhabited by several families:—

". . . At present these families occupy usually a single room only in a house of six or eight rooms adapted for only one family. The water supply is inadequate, and at some distance from the upper rooms, and there is but one closet, one dust bin, one coal cellar, and one wash house for the whole. No one is responsible for the cleanly condition of the closet, the water tank, the single staircase, the basement, the areas, and the yard, or for emptying the dust bin."

One of the worst forms of overcrowding was when it resulted in what was described as "indecent occupation." For instance, as reported (1861) by the Medical Officer of Health for Whitechapel:—

"In a room in Windmill Court there slept the mother, two adult daughters, and two adult sons.

"In another room in the same court, a man and his wife, the daughter aged 16, and three adult sons."

In 68 instances the rooms were "indecently occupied," that is to say, adult brothers and sisters, or a father and daughter slept in the same room.

And he wrote:—

"We may well inquire how such gross indecency and want of self-respect can exist in this country, which is usually considered to be the centre of civilisation, and where so much money is spent in imparting religious and moral instruction to the people—yet such is the state in which many of the inhabitants of this district live, as is ascertained on a house-to-house visitation."

And in the following year he wrote:—

"On visiting the houses in low neighbourhoods it is by no means of unfrequent occurrence to find an adult brother and

sister, a father and adult daughter, a mother and adult son, occupying the same bed. What good citizenship can be expected to be manifested by a class in whom the moral feeling is so low?"

The Medical Officer of Health for St. James', in his report (1862), wrote:—

"This close association of several families in one house is productive of immense evil; it prevents proper parental control; it encourages an association of the sexes which leads directly to one of our greatest social evils; and is one of the most fruitful causes of the spread and fatality of zymotic diseases of childhood, and lays the foundation of the scrofula and consumption which every year carry off a fifth of all who die amongst us. . . .

"It is almost impossible, amidst the filth and stench of dirty houses and imperfect drains, that the working man's family should be able to develop those moral and intellectual qualities which are, after all, more worth to the community than any saving of rates."

The Medical Officer of Health for St. Martin-in-the-Fields, wrote (1865):—

"Rents have become so heavy that few labouring men can afford more than one room. Overcrowding in such rooms must increase, and with it the fearful results of men, women, girls, and boys, all sleeping in the same apartment. Neither religion nor morality can increase under the existing circumstances of our poorer classes. It is almost returning to the habits of our barbarous ancestors or the untutored savages of Africa and Australia."

And the Medical Officer of Health for Holborn wrote:—

"Depend upon it, the moral and physical training of the people is more influenced by lessons—whether in health and cleanliness, or in religion and morality—that they are constantly receiving at their own firesides than by any extraneous teachings.

"When a child has been allowed to grow up with a diseased body, and a polluted mind, in a wretched room, without light, without cleanliness, and without any notions of decency, our curative efforts, whether medical, missionary,

or reformatory, are as mere patchwork compared with the great preventive precaution of keeping his home as pure, as decent, and as wholesome, as possible."

No more powerful description can be given of the moral evils of overcrowding than that of Dr. J. Simon in 1865 :—

"Where 'overcrowding' exists in its sanitary sense, almost always it exists even more perniciously in certain moral senses. In its higher degrees it almost necessarily involves such negation of all delicacy, such unclean confusion of bodies and bodily functions, such mutual exposure of animal and sexual nakedness, as is rather bestial than human.

"To be subject to these influences is a degradation which must become deeper and deeper for those on whom it continues to work. To children who are born under its curse, it must often be a very baptism into infamy." *

Overcrowding was not confined to tenement-house rooms alone. The great bulk of the working classes left their overcrowded abodes to do their day's work in overcrowded factories, workshops, and workplaces; and in very many such places men, women, and even children were crammed together in rooms where healthy existence was impossible.

A great deal of information on this great branch of the sanitary condition of the inhabitants of London is given in the Reports from the Commissioners on Children's Employment, and in the very valuable reports of special inquiries instituted by the Medical Department of the Privy Council.

One of these inquiries related to Bakehouses, of which there were about 3,000 in the metropolis in 1862.†

As a rule the place in which the bread of London was made was what in houses in general was the coal-hole and the front kitchen.

Very many bakehouses in London were stated to be in a shockingly filthy state, arising from imperfect sewerage and bad ventilation and neglect, and the bread must, during

* P.P. 1866, vol. xxxiii.

† See P.P. 1863, vol. xxv. Report by H. S. Tremanheere to the Home Secretary, 1862.

the process of fermentation, get impregnated with the noxious gases.

The sleeping places were of the worst description,* some of the men sleeping in the bakehouse itself. Many bakehouses were infested with rats, beetles, cockroaches, and noxious smells. The smells from the drains were very offensive—the air of the small bakehouses was generally overloaded with foul gases from the drains, from the ovens, and from the fermentations of the bread, and with the emanations from the men's bodies; the air thus contaminated was necessarily incorporated with the dough in the process of kneading.

Half of the bakehouses in London would, it was stated, require the application to them of the Nuisances Removal Act.

Another inquiry related to the tailoring trade in the metropolis.† The places in which work was done were reported as varying much in their sanitary conditions, but almost universally were overcrowded and ill-ventilated, and in a high degree unfavourable to health. Some were underground, either in the basement of a house, or built like a large kennel in a small enclosed yard, and were such that no domestic servant would inhabit. In exceedingly few shops had there been any attempts at ventilation. The ventilation through the windows was practically inefficient, and instances were given of what had been found in sixteen of the most important West-end shops. In one an average of 156 cubic feet space was allowed to each operative, in another 150 cubic feet, in another 112 cubic feet. Deficient ventilation, heat, and draughts, were the causes of diseases.

A paper read by Dr. E. Symes Thompson (Assistant Physician to King's College Hospital) at the Social Science Association Meeting in London, 1862, described the condition under which printers did their work.

* "In a bakehouse in St. Martin's Lane, eight men slept in one room (separated from the bakehouse) which had nothing that deserves the name of a window" (Report of Medical Officer of Health, 1864).

† P.P. 1864, vol. xxviii. Sixth Report of the Medical Officer of the Privy Council (1863).

"Printers often work sixteen to eighteen hours a day in a confined and heated atmosphere; perhaps thirty men and as many gaslights in a low room without ventilation or chimney, where air only enters when the door is opened. . . .

"Printing is only one of the many trades which entail the sacrifice of every hygienic necessity, and the cause of the unhealthy looks of the workpeople cannot fail to strike any observant person who may visit their workshops. The rooms are mostly low, the windows fixed, and there is often no chimney or other ventilation.

"This is the case in large and small factories as well as in workshops—in the workroom of the milliner, the sempstress, or the bookbinder.

"In many occupations, besides the evils alluded to, the air is charged with foreign matters, which are drawn into the lungs at each inspiration; *e.g.*, the sorting and tearing up of dirty rags in paper manufactories. The dust and fluff arising in flax, woollen, and cotton factories, and in furworks, produce similar results—and brass finishers."

And in another paper at the same meeting Mr. George Godwin detailed his experiences as regarded the conditions under which milliners, dressmakers, and other needlewomen worked.

"In an upper room in Oxford Street, not 10 feet square, I have seen a dozen delicate young women closely shut up making artificial flowers; and there when business is pressing they work from 8 in the morning till 12 o'clock at night.

"Many of the workrooms of fashionable milliners are similarly overcrowded, as are those where young girls are engaged in book-stitching."

He gave as an example a house in Fleet Street.

"The staircase is confined and without ventilation—the atmosphere is steaming and smells of glue.

"In the first room looked into, 40 young women and girls were sorting and stitching books. There was a stove but no ventilation. . . . There were more than 200 persons in that house, pent up without provision of the first necessity

of life—pure air. Poor creatures so placed are being slowly slain.

"Other trades, such as cap and bonnet makers, trimmers, blond-joiners, &c., to which I have looked with some little care, are forced in many places to do just the same thing."

"The extent of suffering entailed, and the loss to the community, it would be difficult to calculate. It is time that legislation should be tried to secure wholesome work-places for the people. Interference is needed for thousands of persons—especially young females—the debilitated mothers *in posse*, should they live, of our future population. In our infant schools, too, where incalculable mischief is done by overcrowding, it is greatly required. The evil is sapping the strength of the land."

"In several parts of London persons employed in making cheap clothing are boxed up in crowds, . . . some striving to get a living in a death-giving atmosphere.

"Shoemakers are often as ill-placed. In wretched apartments, in an ill-drained house, may be found men and boys huddled together without room to breathe."

It was under such pitiable conditions that large masses of the working classes of London had to earn their daily bread.

Lord Shaftesbury truly said that "the sanitary condition of these people was of national importance, not only on account of the waste of life, but the waste of health which every year threw thousands and tens of thousands upon the rates.*

And large numbers of children were also employed under insanitary conditions, and were made to do heavy work for long hours, and the consequences to their health were disastrous.† That their constitutions should be undermined and their physical development should be most seriously deteriorated was a necessary result.

There was a chorus from the Medical Officers of Health as to the evil sanitary consequences of overcrowding.

* Hansard, 1864, June 16, p. 1835.

† See Reports of the Commissioners on Children's Employment, 1864–6.

"Overcrowded dwellings are among the most prolific sources of disease, immorality, and pauperism." *

"Overcrowding—one of the elements by which disease is not only generated but sustained." †

"Overcrowding is a constant source of fever."

"The great difficulty of obtaining lodgment for the working classes has caused overcrowding of the poor in an unprecedented manner, and consequently the development of typhus which is considered to be bred in the pestilential atmosphere of overcrowded dwellings." ‡

Overcrowding led to numerous, indeed to all sorts and kinds of diseases.

The Medical Officer of Health for St. Pancras wrote :—

"It has been shown that consumption and the so-called tubercular diseases are developed by want of pure air more than by any other cause."

And not alone did the overcrowding lead to disease, but it rendered it difficult if not impossible to check disease.

"How is it possible," wrote one of them, "to prevent the spread and fatality of fever and whooping-cough when six or seven persons are shut up in one small room breathing the same air loaded with zymotic poison over and over again?"

"The danger of allowing a deadly atmosphere to be engendered by the crowding together of persons in a small room without sufficient ventilation is unfortunately not confined to the inmates of that particular room, but those diseases which are therein generated extend far beyond its immediate vicinity, and under some circumstances a large portion of a district will suffer in consequence. §

Dr. Rendle, previously Medical Officer of Health for St. George-the-Martyr, in his evidence || before a Select Committee in 1866, said :—

". . . The overcrowding exists to such an extent that

* Shoreditch, 1863. † Westminster, 1861–2. ‡ 1863–4.
§ Whitechapel, 1861.
|| P.P., vol. clxxxvi. Select Committee of House of Commons on Medical Local Government, 1866, p. 259.

the poor cannot by any possibility do other than breed disease, and when they breed it they give it to others."

Lord Shaftesbury said :—

"As to the effects of all this overcrowding, can anything be more prejudicial to the human system than the filthy squalor, the fœtid air, and depressing influences of these dwellings?

"When you ask why so many of the working men betake themselves to the ale-house or gin-palace, the answer lies in the detestable state of their homes.

"I have had it from hundreds of both women and men that this cause, and this cause alone, has driven them to the use of ardent spirits. . . . Nine-tenths of our poverty, misery, and crime, are produced by habits of intoxication, and I trace those habits, not altogether, but mainly, to the pestilential and ruinous domiciliary condition of the great mass of the population of this metropolis and the large towns of the country." *

"No bodily labour induces an exhaustion of the vital powers comparable to that resulting from the habitual breathing of air contaminated by the overcrowding of human beings." †

For children born under such circumstances of overcrowding and filth, and in such insanitary surroundings, birth was mostly followed by an early death.

"Infancy in London has to creep into life in the midst of foes," as the *Times* truly remarked in 1861.

Among the greatest of these foes was overcrowding. The statistics of infantile mortality are fairly reliable, and, so far as there are errors, those errors were in understating and not overstating it.

In St. Giles, in 1861, 43½ per cent. of the total number of deaths were of children under five years of age.

"This enormous infantile mortality," wrote the Medical Officer of Health, "is unfortunately only what is customary in our district."

In the Strand, 1861, the percentage of deaths under five

* Hansard, 1861, vol. clxi. p. 1070.

† Report of Commissioners. P.P. 1864, vol. xxii. p. xlix.

annually exceeded 45 per cent. of the total deaths. In Westminster, in 1861, there were 1,685 deaths, 770 being those of children under five—of which in St. John's parish, out of 834 deaths, 427 were under five—or over 50 per cent.

In Bethnal Green in 1862 it was close upon 60 per cent.

In the Potteries, Notting Dale, with a population of 1,100, the deaths of children in 1870 under five were 63 per cent. of all deaths. In 1871, 72 per cent.

On the south side of the river the same tale was told. In Wandsworth 42 per cent. in 1861; in Battersea 45 per cent. in 1862; in Rotherhithe, in 1862, nearly 50 per cent.; in Bermondsey, in 1863, 57 per cent.

"It certainly," wrote the Medical Officer of Health for Fulham, "could not have been intended by Providence that of all the children born, nearly one-half should die without attaining one-fourteenth part of the threescore years and ten allotted to mankind—and yet we see the yearly realisation of this astounding fact."

Other causes besides overcrowding contributed to this great mortality.

"Poverty," wrote the Medical Officer of Health of Poplar, "with its concomitants—defective nourishment, want of cleanliness and ventilation, malaria, overcrowded dwellings, deficient supply or impure quality of water—these all act with unerring force upon the tender constitutions of the young."

And another wrote :—

"What with overcrowding, insufficient food, and inattention to cleanliness, it is almost impossible an infant can resist an attack of the commonest disorder."

And some places were in such evil sanitary condition that child life was impossible therein. Of two Courts in Islington the Medical Officer of Health reported in 1863 :—

"Young children cannot live there. All that are born there, or are brought to reside there, are doomed to die within two years."

The state of the public health generally as the result of all these sanitary abominations was very unsatisfactory.

In 1863 the mortality of London was unusually high.

The Medical Officer of Health for St. Giles' wrote :—

"The year has been conspicuous for a high mortality resulting from the prevalence of epidemics to an unusual degree—smallpox, scarlatina, typhus."

The following year he reported to have been—

"A year of exceptional mortality. . . . Death rate 29·74 per thousand, or, if the deaths of parishioners in hospitals be included, 31·10. . . . Tubercular diseases, of which consumption affecting the lungs is the most important, were as usual intensely fatal in our district."

The Medical Officer of Health for Whitechapel drew attention to the increase of mortality in his district. He was evidently puzzled and perplexed by it, and "candidly confessed" his inability to account for it.

"I may, however, venture a few conjectures." Among them was this very suggestive one—"that a change has taken place in the constitution of the people so that they are now less able to bear the effects of disease than formerly."

Suggestions and recommendations for ameliorating this appalling condition of things poured in upon many of the local authorities from their Medical Officers of Health.

Upon several points there was an absolute consensus of opinion.

One of these was that all houses let out in separate tenements and inhabited by many families should be registered by the local authorities—that rules and regulations should be made for their management, and that constant inspection by the sanitary authority was an absolute necessity if the proper conditions of health were to be maintained.

The Medical Officer of Health for Bethnal Green wrote :—

"All sanitary evils fall with greatest force upon those who are unable to quit the scene of their misery or to provide the means for its alleviation.

"Nothing but adaptation of the present houses to the necessities of healthy existence and the demolition of those

houses that are unfit for human habitation can contribute so much to life and strength."

A Committee of the District Board in Poplar wrote (1866) :—

"It would be a satisfactory alteration of the law if no houses were allowed to be tenanted unless a certificate that these premises were fit for habitation were first obtained from the District Board of Works."

And the necessity of constant inspection was even more vigorously expressed.

The Medical Officer of Health for Hackney wrote (1861) :—

"The experience of the past year again shows the necessity of keeping up a regular and efficient supervision of the interior of houses. . . .

"It is only by repeated and careful inspection of the dwellings of the poor, and an inculcation at these visits of the necessity for keeping clean their rooms that epidemic diseases can be kept in check."

The Medical Officer of Health for St. James' wrote (1862) :—

"The nuisances which are removed, are constantly recurring. It is only by constant inspection and by supervision repeated systematically from day to day, and week to week, that those nuisances can be kept down which are ever ready to destroy the life, and at one and the same time sap the health and undermine the morality of the community."

The Medical Officer of Health for Whitechapel wrote :—

"If it were not for the vigilance of the Inspectors in visiting the houses of the poor, nuisances would remain altogether unattended to; for very few of the poor dare to make a complaint from fear of being compelled to quit their tenements."

The Medical Officers of Health recognised that much of the bad condition of the dwellings of the poorer classes was due to the people themselves.

Thus the Medical Officer of Health for Westminster wrote (1865–6) :—

"It is much to be regretted that in certain districts of the parish only a temporary good is effected by a sometimes lavish expenditure on the part of the proprietor. The habits of the people are such that it is almost impossible to do anything for their benefit. Not only are they filthy in themselves, but they take every opportunity to break, destroy, and steal anything that may be of value, and what is even worse they appear to negative any sanitary precaution effected for their benefit."

But the broad truth was that the real, the primary responsibility rested upon the "owners."

Theirs was the property. And them it behoved to keep that property in a condition which was not a danger to the community and to the State.

The Medical Officer of Health for Whitechapel wrote (1865):—

"The duty and interests of landlords appear to be at variance as regards their doing to their houses what is absolutely necessary for the well-being of their tenants. It is unquestionably the duty of landlords to keep the houses which they let out in separate tenements to the poor in a healthy condition; but this is not always done even if compulsory orders are signed and summonses issued. . . .

"Many of the landlords of small house property fully understand and carry out the rights of ownership, but fail to carry out the duties which are enjoined upon them as owners."

The Medical Officer of Health for Islington, referring to some vile property in his parish, wrote (1863):—

"Landlords of such property as this will rarely do anything out of consideration for the health or lives of their tenants; compulsion alone will extort amendments. What is needed here is the closure of the fatal houses until made fit for human habitation."

How an "owner" could manage his property can be gathered from the following report of the Medical Officer of Health for Paddington (1863), which called attention to "the insanitary condition of a block of houses (about thirty in number) which had been for many years notoriously liable

to the invasion of epidemics and to the prevalence of those diseases which are the known product of sanitary neglect—badly constructed and dilapidated, and wanting in the commonest appliances of cleanliness. All were the property of one individual who had been repeatedly urged to put them in a proper sanitary state."

But it was not until stringent compulsory measures were taken that he began to do so, and some years elapsed before they were really done.

Here is another dreadful case of overcrowding and insanitation—this time in St. Marylebone (1868).

Edwards Place :—

"Ten six-roomed houses occupied by 84 families, 277 persons, houses very dilapidated, many unfit for human habitation. Orders for sanitary work are continually being sent out by the Vestry to the owner of this wretched property.

"A rental of £10 per annum would be an extravagant sum to pay for either of these miserable dwellings, yet more than three times that sum is expected from the destitute and indigent people who inhabit them."

Read by the light of the knowledge that insanitary property meant disease, and disablement, and death to a very high percentage of its occupiers, the proper compulsion to have applied to "owners" such as these would have been proceedings before a Coroner's jury for culpable homicide if not for actually deliberate murder.

The community has a right to be protected from the evil results of the miserable housing of the poor.

Mr. George Godwin said in 1862, at the meeting of the National Association for Promoting Social Science :—

"It should be no answer to the requirement of a certain cubical space for each occupier, that the financial resources of the parties will not admit of it.

"A man is not permitted to poison with prussic acid those who are dependent on him because he is poor; neither should he be allowed on that ground to kill them with bad air and set up a fever-still for the benefit of his neighbours."

Parliament, under the pressure of a slowly-developing

public opinion, and in view of the ever accumulating evidence and proof of the almost incredible insanitary condition in which great masses of the people of London were living, was beginning to show less reluctance to discuss and deal with some of the multifarious matters affecting the public health.

In 1860 it passed an Act which, however well intentioned, was not of much effect. It was an effort to secure more wholesome articles of food and drink for the public by preventing their adulteration.

The past history of such legislation was rather interesting.* In 1731 an Act has been passed prescribing a penalty for "sophisticating tea."

"Several ill-disposed people frequently dyeing, fabricating, very large quantities of sloe-leaves, &c., in imitation of tea, and colouring or staining and dyeing such leaves, and vending the same as real tea to the prejudice of the health of His Majesty's subjects."

"In year 1766–7 a further Act was passed inasmuch as 'such evil practices were increased to a very great degree to the injury and destruction of great quantities of timber, wood, and underwoods.'

"Coffee had also been the subject of legislation, 'burnt scorched, or roasted peas, beans, &c.,' being used to adulterate it.

"In 1816 an Act was passed against the adulteration of beer and porter, and the use of molasses, liquorice, vitriol, quassia, guinea pepper, or opium, and a lot of other ingredients being prohibited."

"In 1836 an Act was passed against the adulteration of bread."

And now in 1860 it was enacted that "every person who shall sell as pure or unadulterated any article of food or drink which is adulterated or not pure," should on conviction be fined.

The Vestries in the metropolis were empowered to appoint analysts. The appointment was voluntary on the

* See P.P. 1874. Report of Select Committee on the Adulteration of Food, &c. Evidence of H. Owen.

part of the local authorities, and, if analysts were appointed, their duties were confined to receiving and analysing articles submitted to them by the purchasers, and certifying the results. The purchasers had to pay the cost. No officer was appointed to obtain samples or to enforce the Act. And the Act is therefore worthy of note more as an illustration of the inaction of the local authorities than for any effect it had as regarded the prevention of adulteration.

In 1863 Parliament passed the "Bakehouse Regulation Act,"* which enacted that every bakehouse should be kept in a cleanly state, should be frequently lime-washed, and should be properly provided with proper means for effectual ventilation, and be free from effluvia arising from any drain, privy, or other nuisance.

Also its use as a sleeping-place was prohibited, and the onus of enforcing the provisions of the Act was imposed upon the local sanitary authority.

And in 1863 it declared † that the law made in 1855 as to the inspection and seizure of unwholesome food—meat, poultry, flesh, fish, vegetables, fruit, &c., &c.—was defective, and that other and more effectual provisions should be substituted therefor; and others were accordingly substituted.

By an Act in 1864 the main principles contained in previous Factory Acts were carried a stage further, in some instances even to trades carried on in private houses.

"Every factory to which this Act applies shall be kept in a cleanly state and be ventilated in such a manner, &c., as to render harmless dust, &c."

Unfortunately the main breakdown in the metropolis in regard to nearly all the ameliorative sanitary legislation of Parliament was directly caused by the very local authorities who had been specially created for the purpose of administering those laws. Primarily they were responsible for the failure of very much of that legislation, and they never seem to have at all realised, or been impressed by, the gravity of their trust, or by the great responsibility to their fellow-citizens which their position entailed.

* 26 and 27 Vic. cap. 40. † Ibid. cap. 117.

Even in comparatively small matters their ingenuity in counteracting the intentions of the Legislature was remarkable, as can be seen from the following passage in a report of one of the Medical Officers of Health :—

"I refer specially to the Sanitary Acts, to the Adulteration of Food Act, and to the Metropolitan Gas Act, in each of which cases the powers entrusted to them have not been carried out.

"They appointed an examiner under the Adulteration of Foods Act (1860), and also under the Metropolitan Gas Act (1860), but the person appointed had no tools given him with which to perform the work entrusted to him.

"Both the Acts are dead letters in the parish. As to the Metropolitan Gas Act, it conferred a large benefit, both as to purity and cost, on the metropolis, but the Vestries failed to carry out a single effective or important provision of that Act."

In 1860, also, an Act had been passed empowering the local authorities in the metropolis to provide vehicles for carrying persons suffering from infectious diseases to hospital, and so obviating the danger to the public of such persons being conveyed in cabs or other public vehicles. That Act was also inoperative.

The Vestries and District Boards, however, did perform a considerable amount of useful work. Local sewerage and drainage works were on the whole effectively dealt with. The rest of the work done was mostly of the routine order, such as scavenging and paving and lighting, though even that was not always done in the most sensible way, as exemplified in Paddington (1866).

"The street sweepings of mud collected by the scavengers are stored in enormous quantities in the middle of the parish in a closely inhabited neighbourhood. Here it is allowed to decompose, &c. If it were intended to contrive an arrangement for developing malaria in the midst of a town population nothing could be better adapted for the purpose."

A few of them had soared to the height of widening a

street, or acquiring some small open space; in most, if not all, of these cases receiving financial help from the central authority.

But as to the main causes of the prevailing insanitary evils, their aversion to active measures was constantly in evidence; equally so where the enforcement of the law would have entailed cost on the owners of insanitary houses.

In some matters the plea of defects in the legislation might have been justifiably urged by them; in others they were often much hampered by the dilatory procedure attending proceedings for enforcing the sanitary provisions of the Metropolitan London Management Act.

One of the Medical Officers of Health gives an illustration:—

"A very great nuisance was reported to us. We visited it, but had to wait a fortnight before the Vestry met in order to get leave to apply for a summons. The magistrate requires a week before hearing the case, and then he gives a week or two to do the work. So for a month or five weeks the nuisance may remain."

The result was that infectious disease was given a long opportunity to spread itself unchecked through a whole district; an opportunity which it freely availed itself of.

Complaints were also made by some of the Medical Officers of Health that in attempts to enforce the law against "overcrowding" the magistrate leant very much to the landlord. This, too, might have acted as a discouragement to them. What, however, is certain is, that the Vestries and District Boards were not attempting to grapple with the most crucial questions of all—the overcrowding, and the housing.

The Medical Officer of Health for Clerkenwell pointed this out, so far as his parish was concerned (1861):—

"The principal sanitary improvements during the last five years related almost exclusively to the drainage, whilst the overcrowding and impure state of the dwellings of the poor have been but little interfered with."

The more serious blemish was pointed out by Dr. Hunter

in his report of 1865 to the Medical Officer of the Privy Council on the subject of overcrowding, and the removal of persons from houses about to be destroyed :—

"There is no authority which can deal with London in these matters as a whole, and they are matters in which uniform treatment is quite necessary. The local authority which finds the whole of its district overcrowded, naturally hesitates before beginning action which may relieve one house only to overfill the next, and may reasonably think that such action, unless done thoroughly, not only through the district, but through the whole capital, might prove hurtful." *

And his opinion is weighty. But the local authorities were very far from doing what they might have done to abate many of the insanitary evils connected therewith.

Dr. William Rendell said † :—

"We have had till now but one Inspector of Nuisances—an unwilling man . . .

"This is not a question of a defect in the law. These bodies have the power of appointing Inspectors, but when Inspectors are appointed it brings of course a large amount of work in low property, and expense and trouble are incurred. Therefore the easiest way to avoid it is not to have Inspectors enough, so that the work may not be found out."

In fact, the fuller the information on the subject is, the more clear it is that most of them did not want to move in the matter.

The evidence of witnesses, not under Vestry control, examined before the Select Committee on Metropolitan Local Government in 1866, throws some light on this point.

Mr. James Beale, himself a vestryman, said :—

"I have seen a great want both of intelligence and ability among vestrymen.

"I should say you may divide Vestries into divisions—one-third, as a rule, are of the right class of men who ought

* P.P. 1866, vols. xxxiii.–iv.

† Select Committee on Metropolitan Local Government.

to be returned, and two-thirds are not of the class who ought to represent the intelligence or the property of the districts from which they are sent.

"The powers of Vestries are administered with too great a regard to economy. Efficiency is always sacrificed to economy. If an Act of Parliament requires them to do certain things, it is as a rule avoided."

He attributed the failure of the Vestries to the inferior calibre of the persons composing them—"they agree to resolutions, but do not carry them out. The ratepayers take no interest in the elections in our parish. There is a large number of the owners of small house property in the Vestries who regard with great disfavour any increase of the rates, however beneficial the increase might be to the general health of the district."

But some witnesses went further. Dr. William Rendell, who had been Medical Officer of Health for St. George-the-Martyr, said:—

"I believe, the law being new to the Vestry, they did not quite understand the mode of carrying it out; but it was partly from corrupt motives, for on one occasion one of the principal members of the Vestry, an owner of considerable property in the parish, called me aside and requested me to pass over certain property of his that I found in an extremely bad condition. I did not pass it over, of course. The chairman of the local committee was, as I thought, appointed as a positive obstructer of sanitary measures; at all events he acted as such. The obstructions arose from an unwillingness to incur expense for fear of increasing the rates, and from an interest that the members of the Vestry had in keeping up the present state of things."

Jobbery, and the exercise of influence to obstruct and defeat the law, are hard to prove, especially after the lapse of years, but one fact which stands out conspicuous, and which is incontestable, shows how reprehensibly the great majority of the Vestries and District Boards failed to administer laws which in the interests of the public health, and therefore of the public welfare, it was their duty to administer. Deliberately, and in the light of knowledge,

they would not make adequate arrangements even for the sanitary inspection of their respective districts.

Thus, in Bethnal Green, in 1861, there was a population of 105,000 persons, and 14,731 houses. The Vestry appointed one single Inspector of Nuisances to cope with the insanitary conditions of this city of houses, and of this mass of people. Shoreditch, with a population of 129,364 persons, and 17,072 houses, also one Inspector. St. George's, Hanover Square, with 88,100 persons and 10,437 houses, one Inspector; Paddington, Bermondsey, and several others, all with large populations and thousands of houses, one Inspector each.*

A few had appointed two Inspectors: St. Marylebone with 161,680 persons and 16,357 houses, and Islington with 155,341 persons and 20,704 houses.

Kensington, Lambeth, and Limehouse, had appointed three Inspectors each. St. Pancras headed the list with four, but its population was close upon 200,000 living in close upon 22,000 houses.

How could it be expected that one Inspector could within a year possibly inspect even one tithe of the places which it was his duty to inspect apart altogether from other duties he ought to perform? The Vestries and District Boards had the facts constantly before their eyes (in the returns of work made to them by the Medical Officer of Health)—the numerous insanitary houses unfit for human habitation, the overcrowding, the terrible amount of sickness and misery, and they could calculate from the one man's work, the number of houses in the parish which were in a condition dangerous to the health of their inmates, and to the public health generally. The salary of an Inspector was so paltry that they had no excuse on the ground of economy; and the conclusion is inevitable that either they did not care what the sanitary condition of the people was, or that "vested interests in filth and dirt" were so powerful on those bodies that filth and dirt must not be interfered with at the expense of "owners" upon whom the cost of improvement must fall.

* See P.P. 1867–8, vol. lviii. Return of Inspectors of Nuisances, &c., 1866.

And a grimmer light is thrown upon these figures by the following statement of the Medical Officer of Health for Lambeth made in 1889, but referring to 1869.

"The Sanitary Inspector of twenty years ago (that is to say of 1869) was an unskilled workman, holding that which might almost be regarded as a sinecure office; an official recruited into the services of the Vestry from the rank of ex-sailors, ex-policemen, or army pensioners. A knowledge upon sanitary matters acquired from a course of technical training was not expected from him."

The treatment meted out to some of the Medical Officers of Health also showed the hostility of the Vestries to action. Numerous are the passages in their reports complaining of their recommendations being ignored. These officers were miserably paid, allowing even for their being able to take private practice. The Medical Officer of Health for Lambeth was stated to have been the worst paid—receiving only £200 a year for the performance of duties attaching to an area of 4,000 acres with 23,000 inhabited houses upon it, inhabited by 162,000 persons.

Dr. W. Farr (of the Registrar General's Office) said:—

"I believe that in certain districts in London the Medical Officer of Health is under all sorts of restraints. If he is active, they look upon him with disfavour, and he is in great danger of dismissal." *

The Vestry of St. James', Westminster (1866), checked the zeal of their Medical Officer, Dr. Lankester, whose salary was £200 a year, by reducing it to £150 after a year or two when they found he was very earnest in his work.

Dr. Rendell, the Medical Officer of Health for St. George-the-Martyr, Southwark, resigned "in disgust that he was not allowed to carry out the duties of his office."

Once more the approach of Asiatic cholera—the nemesis of insanitation, and of "fainéant" local authorities—created anxiety.†

It had been widely prevalent in Europe in 1865, and had

* Select Committee on Metropolitan Local Government, 1866.

† P.P. 1867, vol. xxxvii.

even shown itself in England, and it stirred into spasmodic and panicky activity the local authorities of London.

In Lambeth a systematic house inspection was inaugurated; 987 houses were examined—735 of them required sanitary improvements.

In Bethnal Green 2,018 were inspected—955 required cleansing and purification.

In many other parishes and districts extra sanitary work was done. The disease made no further demonstration in the winter, but in April, 1866, a case was reported from Bristol, then one from Swansea—then from other places; and in July the Privy Council issued Orders in Council putting the Disease Prevention Act in force in the metropolitan area.

On July 18th, from Poplar, the first case in the metropolis was reported. Two days later an alarming number of cases in parts of East London.

Regulations were issued by the Privy Council defining and requiring the specific services which local authorities ought to render the public.

Some parishes appointed extra Sanitary Inspectors. Thus in Hackney, where there had been but one, four additional ones were appointed; in St. James' two; in Camberwell two; in Lambeth two; in St. Mary, Newington, five extra were appointed. Some of the work which was reported brings into striking prominence the extraordinary inefficiency hitherto of the authorities in dealing with insanitary houses as well as the neglect into which houses had been let fall, and which was tolerated by those who were responsible for the health of their districts.

In Lambeth 6,935 houses were inspected in 1866; 3,983 improvements were effected.

In Camberwell, 5,594 houses were inspected; in 4,324 sanitary work had to be done.

In St. Mary, Newington:—

"A house-to-house visitation was commenced August 4th, and concluded on November 20th, in which period the Sub-Inspectors called at 12,919 houses.

"A record was thus obtained of the condition of nearly

every house in the parish. The house-to-house visitation was carried out with but little real opposition, and with a great deal of satisfaction. . . . Strict impartiality was the rule of action, and all classes and those in every station were alike subject to inquiry."

As the summer went on, the mortality from the cholera increased—it reached its acme on August 1st, when there were 204 deaths from it, and in the week ending August 4th when the total of 1,053 was reached.*

During the 23 weeks of its prevalence 5,548 persons died —of whom 3,909 died in the East Districts alone, and 702 on the South side of the river.

And by the end of the year it had gone. That the mortality should have been so much smaller than on previous visitations was attributed to the fact that London was unquestionably less filthy at the time of this outbreak.

"A comparison of the mortality with that of former cholera years," wrote the Medical Officer of Health for St. Giles', demonstrates that sanitary work—imperfect as it is—has deprived the disease of much of its power."

"The power," wrote the Medical Officer of Health for Fulham, "of sanitary arrangments to check the progress of such a formidable disease was clearly evidenced."

The Medical Officer of Health for Lambeth wrote:—

"I believe the great sanitary improvements effected in the parish in providing proper drainage, abolishing many miles of open stinking ditches, and the removal of other nuisances, rendered an outbreak of cholera, such as experienced in former years, very improbable. . . . Moreover, by the employment of sanitary arrangements for treating the sick, Lambeth and other parts of the metropolis were saved from the ravages of the pestilence experienced on former occasions."

That the epidemic had been as disastrous as it was, was, however, attributed to "an illegal and most culpable act of the East London Water Company. In contravention of the 4th Section of the Metropolis Water Act of 1852 that company distributed for public use a water (and a most

* P.P., vol. xxxvii. p. 275.

improper water) which had not passed through its filter beds; and strong evidence was adduced to show that the outbreak was occasioned by this illegal and most culpable act."

One result of this epidemic was to demonstrate, at the cost of thousands of lives, that the system of private water companies supplying the community with this necessity of life was absolutely opposed to the interests of the community.

Dr. Simon, in summing up his report (1869) on the water supply to the metropolis, wrote:—

"I have been anxious to show what enormous risks to the public are implied in any slovenly administration of water supplies: yet as regards the London supply, what imperfect obedience to the law, and in some cases what flagrant and systematic disobedience was exhibited (at the time of the cholera outbreak in East London in 1866); and above all what criminal indifference to the public safety was illustrated by the proceedings of the Southwark and Vauxhall Company."

As regarded this latter company:—

"Not only had there been the long-standing gross inefficiency of the apparatus of subsidence and filtration, but the administrators of the supply had from time to time dispensed to a great extent with even a pretence of filtration, and during some time had, worst of all, either negligently or wilfully distributed as part of their supply the interdicted tidal water of Battersea Reach.

"It seems to me that the public is hitherto very imperfectly protected against certain extreme dangers which the malfeasance of a water company may suddenly bring upon great masses of population. Its colossal power of life and death is something for which till recently there has been no precedent in the history of the world; and such a power, in whatever hands it is vested, ought most sedulously to be guarded against abuse."

Cholera was once more a blessing in disguise, though it seems hard that the sacrifice of thousands of lives should have been required to move Government and Parliament to fresh measures for the protection of the people from it and

the other deadly diseases which unceasingly worked such deadly havoc among them. But the proof given by it was so overwhelming and decisive as to the insufficiency of the existing sanitary law, and the inefficiency of the local authorities, that Parliament felt forced to take action. The measures taken were of such increased comprehensiveness and stringency, that the passing of the Sanitary Act of 1866 * marked another great step in the sanitary evolution of London.

The Act applied to England and Wales—and this time actually included the metropolis.

The previous definition of the term "nuisance" was enlarged, and "overcrowding" was now for the first time declared to be a "nuisance."

"Any house or part of a house so overcrowded as to be dangerous or prejudicial to the health of the inmates" was henceforward a "nuisance" and punishable as such. And it was further enacted that "where two convictions for overcrowding of a house, or for the occupation of a cellar as a separate tenement dwelling-place" should have taken place within three months, it should be lawful for the magistrate to direct the closing of such premises for such time as he might deem necessary.

Under another extension of the term "nuisance" the industrial classes got the shadowy boon of all factories, workshops, and workplaces (not already under special Acts), being made subject to the sanitary supervision of the local authorities; and those authorities were given power to inspect such places to ascertain if they were kept in a cleanly state, were properly ventilated, and not overcrowded so as to be dangerous or prejudicial to the health of the inmates.

A section in the Act aimed at the inefficiency and inaction of the local authorities, and made it obligatory (no longer optional) upon them to make inspection of their districts.

"It shall be the duty of the Nuisance Authority to make from time to time, either by itself or its officers, inspection of the district, with a view to ascertain what nuisances exist calling for abatement under the powers of the Nuisances

* 29 and 30 Vic. cap. 90.

Removal Acts, and to enforce the provisions of the said Acts in order to cause the abatement thereof."

An effort was also made to check the spread of infectious disease by giving the local authority considerable powers as regarded disinfection. It was enacted that the local authority might provide a proper place for the disinfection of clothing and bedding which might have been rendered liable to communicate disease to others; and the authority was empowered to maintain carriages for the conveyance to hospital of persons suffering under any infectious or contagious disease. A blow was struck at the iniquitous but common practice of letting a room where there had been dangerous infectious disorder, until it had been disinfected. And provision was made for the establishment of a hospital for the reception of the sick.

All these were most considerable reforms, and would have been most useful had they been given effect to and properly enforced.

The most important and wide-reaching provision of the Act was that directed against overcrowding.

The 35th Section enacted that regulations might be made by the Sanitary Authority (in other words, the Vestry or District Board) for fixing the number of persons who might occupy a house, or part of a house, let in lodgings, or occupied by members of more than one family. Houses so let were to be registered by the Vestry. The regulations could fix a certain number of cubic feet of air space which should be available for each person. By this means the number of persons who might live in a house, and in the rooms of the house, could be limited.

That was the plan—simple enough in appearance—which Parliament devised for contending with the great evil of overcrowding.

And then, as regarded the sanitation of the houses when registered, it enacted that regulations should contain provisions for their being put into and kept in a clean and wholesome state. And to secure this being done, regulations were made for their inspection.

It was an original and comprehensive scheme of reform.

It struck at the root of the two great evils—overcrowding and insanitary dwellings; at overcrowding, by the limitation of the number of persons inhabiting a house, or part of a house, and at insanitary dwellings by a series of regulations enforcing the necessary measures for a decent standard of sanitation. But it was something far more than this. It was the declaration of principles of the utmost importance. It was a declaration of the principle that the responsibility for the condition of the "houses let in lodgings" should be on the shoulders of the "owner" of the house. It was the declaration of the principle that the "owner" should not be allowed to use his property to the detriment, to the injury of the public. It affirmed, so far as London lodging or tenement houses were concerned, the great principle, abhorred by so many "owners," that "property has its duties as well as its rights."

The Act was, however, even more remarkable for the recognition it contained of another principle of vital importance to the people of London—the principle of central authority over local sanitary authorities who neglected their duties.

Hitherto the local authorities were practically their own masters, and could with absolute impunity neglect to put the provisions of the existing health laws into operation; and "often their inaction had been an absolutely inexcusable neglect of duty."

A power of appeal against this inaction was given. Where complaint was made to a Secretary of State that a nuisance authority had made default in enforcing the provisions of the Nuisances Removal Acts, he could, if satisfied after inquiry that the authority had been guilty of the alleged default, make an order limiting a time for the performance of the duty, and if the duty was not performed within that time, he could appoint some person to perform the duty and charge the costs to the authority. And where the local authority had made default in instituting proceedings against some sanitary law breaker, he could order the chief police officer to institute them. These provisions were a recognition of the fact, long

patent to even the blindest, that local authorities did not do their duty, and of the necessity of devising a means of securing that a necessary public duty should be done.

The fact was emphasised a few years later by the Royal Sanitary Commissioners, who pointed out (1871) that—

"However local the administration of affairs, a central authority will nevertheless be always necessary in order to keep the local executive everywhere in action."

The real underlying truth now beginning to be discerned was that in the matter of health or disease, London could not be treated in bits, each governed by an independent body, but must be regarded as, what it really was, one single entity or whole.

In another way also was the principle of central authority very clearly affirmed. The Vestries were not to have a free hand in making their regulations under the 35th Section. Any they made had to be approved by a Secretary of State.

This was a considerable limitation of the freedom of the Vestries, but it secured more or less uniformity in the powers of the local authorities in this particular matter.

But the vigorous administration by all the local authorities of the laws passed to secure the health of the public, was even more greatly to be desired; for, from force of circumstances, the consequences—one way or the other—could not be confined to the sphere of action of each local authority.

The lives and welfare of the inhabitants of this vast city are so closely, so inextricably interwoven that, in matters affecting the public health, the action or inaction of one authority may vitally affect the health and the lives, not alone of its neighbours, but even of the people of the city as a whole. Disease and death are no respecters of municipal boundaries, and are not hemmed in or restrained by lines drawn upon maps or recorded in Acts of Parliament.

This community of interest of the inhabitants of London was, however, scarcely, if at all, recognised by the genera public—it was but seldom the motive to action by the local authorities—but some of the Medical Officers of Health now and then referred to it in their reports.

Thus the Medical Officer of Health for Mile-End-Old Town pointed out (1863) that—

"An untrapped drain, an overcrowded house, an unventilated alley, a rotting dungheap, or a foul closet, may spread disease and sorrow in an entire neighbourhood."

And the Medical Officer of Health for Paddington pointed out (1870–1) that—

"The danger of harbouring a contagious disease is not confined to the individual suffering—it is a matter that concerns the community."

And the Medical Officer of Health for Whitechapel wrote (1865):—

"Here I would remark, that a uniform system of inspection of all the houses in the several districts in London which are let out in separate tenements should be repeatedly and systematically adopted; for if all the Vestries and local Boards do not act together in this important matter, hotbeds of epidemic diseases will remain undiscovered which will serve as centres from whence such diseases may emanate, and extend over the entire metropolis. The whole population of London, therefore, is interested in the prompt removal of nuisances."

Immediately on the passing of the Act some of the Vestries made efforts to deal with overcrowding under the Section which enacted that—

"Any house so overcrowded as to be dangerous or prejudicial to the health of the inmates" is to be considered a "nuisance."

That, however, was only a temporary remedy, and affected only overcrowding. Section 35 went to the root of the matter when it insisted that in addition to the prevention of overcrowding, the house in which the people lived should be kept clean and in sanitary condition.

"The very foundation of our sanitary structure," wrote the Medical Officer of Health for St. George-the-Martyr, "depends upon the right housing of the poor."

The Section 35 was promptly put in force by a few of the Vestries—Chelsea and Hackney being the first to make Regulations and to enforce them.

Under the Regulations, whenever the Vestry deemed it desirable to put them in force in respect to any house let in lodgings or occupied by members of more than one family, the number of persons allowed to live in that house was fixed on a basis of 300 cubic feet of air for each adult for sleeping, or 350 for living and sleeping, and the owner had to reduce the number of lodgers to the number so fixed on receiving notice to that effect.

The Regulations further directed that—

"The owner of such house shall cause the walls and ceilings of every room, and of the staircase and passages, and yards of such house to be well and sufficiently coloured or limewashed, or otherwise thoroughly cleansed once (at least) in every year.

"He shall cause every room and the passages to be ventilated.

"He shall provide such accommodation for washing, and such a supply of water for the use of the lodgers as shall be satisfactory to the Vestry's Officers;" and sundry and numerous minor directions.

The Medical Officer of Health (Chelsea), after the first year's work, reported that the number of houses in the parish inhabited by two or more families was very great, and in many cases their condition was deplorable, and it was found necessary to embrace whole streets as well as courts and alleys in the registration.

By 1869 the registration in Chelsea had been completed, and in 1870 the Medical Officer of Health wrote: "I have seen no reason to alter my opinion of the beneficial action of the measure by which we have been able to bring under direct and constant supervision the majority of the houses occupied by the poorer classes in this parish. . . ."

The most satisfactory results followed also in Hackney.

Its Medical Officer of Health reported in 1867 that nearly 5,000 houses had been measured and examined, and in a large proportion of cases the numbers of persons allowed to inhabit them had been fixed. And as to the result of the enforcement of the Regulations, he wrote (1869): "A very large number of families now occupy two

rooms who formerly lived and slept in one. The gain in health and morality has therefore been considerable."

Poplar was another of the District Boards which made and enforced the Regulations. The Medical Officer of Health for the north part of the District reported (1868):—

"Extensive improvements have been already effected, but the work must still be systematically continued, for even when every house in the district has been put into good sanitary state (which is far from being the case as yet, it will be necessary to maintain a constant and watchful system of re-inspection to ensure their being kept in order.

"Of the 1,610 houses inspected nearly all required more or less sanitary improvement, and 630 were registered as containing more than one family, and therefore coming under the Board's regulations as to registration."

But if a few of the Vestries made real efforts to utilise the Act, others of them either made only a pretence of doing so, or refused altogether.

The reports of the Medical Officer of Health for St. Giles' (1866–7) present a typical picture of the attitude and conduct of these bodies.

"A most important amendment of the sanitary laws was made by the 'Sanitary Act,' of which Section 35 gives precisely the powers which not last year only, but every year since the constitution of the Board, the Medical Officer has demanded for the efficient discharge of his functions in respect of houses inhabited by the poorer classes. That section has given to the local authority the power of making bye-laws for the regulation of sub-let houses, and of enforcing the observance of its rules by penalties.

"In St. Giles' District, it is this class of houses almost exclusively which need the supervision of the sanitary authorities, and which become without that supervision nests of filth and disease.

"Accordingly, soon after the passing of the Sanitary Act, bye-laws were adopted by the Board, and sanctioned by the Secretary of State for the regulation of sub-let houses. . . .

"The Board proceeded to inform owners of all sub-let

houses that such houses must be registered in conformity with the Regulation. The intention of the Board was to apply with all proper discrimination, but quite universally and impartially, the powers vested in them in regard to sub-let houses. . . . The systematic application of these powers by the Board would have done for sub-let houses what the systematic application of the police of their powers under other Acts had done for common lodging-houses. Cleanliness and decency would have been universally secured, and would have been maintained with a minimum of inspection by a fine for every gross violation of the regulations.

"But against a system that should work thus directly and efficiently to the sanitary good of the district, the interests of numbers of house-owners and agents were at once arrayed, and these speedily organised an influential deputation to the Board.

"The opposite interests, those of the families dwelling in the close and miserable rooms of these sub-let houses, found no organised expression.

"The Board resolved to recall the notices which had been issued for a systematic registration, and to apply their powers, in the first instance, only to selected instances of flagrant and continuous sanitary neglect."

And yet overcrowding in tenement-houses in St. Giles' was dreadful.

Here are some instances of it on the authority of the Medical Officer of Health in 1869.

"These houses have for the greater part a family in every room.

"In King Street	...	there are	254	families in	273	rooms.
„ Lincoln Court	...	„ „	164	„ „	168	„
„ Little Wild Street		„ „	139	„ „	182	„
„ Wild Court	...	„ „	109	„ „	116	„ "

In Whitechapel (1867), rules and regulations were adopted by the Board.

"Unfortunately," wrote the Medical Officer of Health, the Act was permissive, not compulsory.

"I brought under the notice of your Board several houses which in my opinion ought to be registered.

". . . The Board having reserved to itself the power of determining as to the propriety of causing any house to be placed upon the register, this enactment, which was framed not only for the improvement of the moral and physical condition of the poor, but for the benefit of the whole community, has been carried into effect in only one instance."

In Islington, draft Regulations were prepared, but it does not appear that they were ever adopted.

In Paddington, the Vestry decided against putting the Regulations in force.

In Westminster, "such obstacles were offered by the holders of small property" to the Regulations that they were not enforced.

And on the south side of the river the story was very much the same.

The sting of the enactment was that it put house-owners to the expense of putting the house into, and maintaining it in, habitable and sanitary repair, and to the expense of annually painting or limewashing it; the provision of proper ventilation—of sanitary and washing accommodation, and for a supply of water: in fact, of doing to the houses that which was essential for the health of their occupants. The Regulations simplified and shortened, and made more effective, the processes for enforcing penalties for breaches of the sanitary laws—all which was of course unpalatable to the sanitary law-breaker.

And so the great bulk of the local authorities would have nothing to do with this 35th Section or its Regulations.

The law was not compulsory, but permissive—and they availed themselves of that permission.

But the Vestries and District Boards who took no action, and allowed the principal provision of the Act to be a dead letter, proved by their conduct their deliberate determination not to impose what was a just expense upon the "owners," even though the not doing so should result in a frightful annual sacrifice of human life, and in an untold amount of

human suffering and misery, and a long train of physical and moral evils of the very worst character.

That the Act had been successfully administered by some two or three Vestries proved that it was quite a workable measure—so no excuse could be raised on that ground by the recalcitrant Vestries.

Their attitude is an irrefutable proof of their selfish indifference to human suffering where it clashed with the "rights of property," and of their incapacity for the position they held as guardians and trustees of the people.

"The slaughter-houses and cow-houses are ordered to be whited at least twice a year, while the houses of the poor are allowed to remain for years without this important means of purification."

The problem of overcrowding was, undoubtedly, a most difficult one—and some of the Medical Officers of Health were realising how difficult it was to treat with any hope of success.

Thus the Medical Officer of Health for Bethnal Green set forth the state of his parish in 1867 :—

"The population of Bethnal Green has now nearly reached 120,000, and we have no more house room than heretofore. The consequence is that overcrowding is as great as ever; and although the Public Health Act of 1866 was framed to obviate this great evil, it is practically un workable, owing mainly to high rents (which in some cases have increased as much as 50 per cent.), dearness of provisions, scarcity of employment, and the imposition of taxes for the first time upon the tenant; and many families who could ordinarily afford to occupy a whole house have been obliged to let lodgings; others who have occupied two rooms have been obliged to put up with one; and where overcrowding has existed, and the law enforced, the people have merely removed to other houses and thus perpetuated the evil which it was the intention of the Legislature to obviate."

But doing nothing while overcrowding got worse was not likely to make the problem less difficult.

Except, then, in a few parishes overcrowding was permitted

to pursue its own course unchecked, to the great benefit of the various "owners," and to the great misery of great masses of the people, and the evil extended itself year by year and became steadily acuter.

And this, too, after Parliament had placed in the hands of the local authorities large powers specially designed for coping with an evil which was eating into the very vitals of the community.

So rapid was the increase of population that the increase in the number of houses did little to mitigate the overcrowding; nor was the construction of the majority of the houses conducive to the health of those who went to inhabit them.

London ground was being rapidly covered with buildings.

"Many large tracts of our formerly open spaces have been rapidly covered, nay densely packed with buildings.

"The operations of the builder have annihilated acres of garden ground by the hundred."

"Little garden plots, green spots, open spaces, were being absorbed and swallowed up one after another, and covered with houses. . . .

"Apparently each builder does that which seems good in his own eyes."

Paddington afforded an interesting example of this growth. A space near Ranelagh Road, about 25 acres, had almost all been built upon within the last 15–20 years. The streets were 40 feet wide. Here were 900 houses packed with 12,000 people, or 469 persons to the acre (1871). And another example near Paddington Road—where 275 houses had been built, and the population was 493 to the acre; showing

"A high density of population such as ought not to have been tolerated under a wise municipal policy."

The rapidity of the increase was extraordinary. In Lambeth in the year 1866–7, 1,078 houses were erected. In Battersea in 1868–9, 1,530 houses were erected—a large number of which were filled with people within a few days or weeks of their completion.

The newness of a house, however, gave no guarantee of

its sanitary fitness, and a great proportion of them were of the most objectionable and insanitary description. All the art and craft of the speculating builder was too often exercised to evade such legal provisions as there were for the protection of the public, and to get the largest profits he could for the worst constructed house, and the result was that very many of the new houses were little better than the worst of the old ones.

Unfortunately, the law was very ineffective to prevent this. As was pointed out by the Medical Officer of Health for Fulham (1871), the sanitary legislation for the metropolis had never been accompanied by an amalgamation of the Building Act with the general sanitary statutes.

"The Building Act still works an independent course, and it is not too much to say of it that, whilst its provisions deal strictly with the strength and quality of bricks and mortar, they utterly fail to ensure for us dwellings, especially for the working classes, which have the least pretensions to perfection in sanitary conditions. A large number of habitations of this description have been completed and occupied during the last few years both in Fulham and Hammersmith, and take the place of our former fever dens in fostering disease. Unfortunately the Sanitary Authorities see these wretched structures raised before their eyes, and have no power to check their progress. It is truly to be hoped that this anomaly will soon be remedied."

Such as the houses were, however, they were quickly inhabited. The Medical Officer of Health for Paddington gives a graphic description of the result in his parish (1871) :—

"There has been for some years a large influx of persons, mostly of the working class, coming from over-crowded and unwholesome houses of other districts of the metropolis. Large numbers of the newly-built houses being let out in tenements and single rooms attract a class of persons barely able to obtain necessaries of life ; amongst these are not a few of intemperate and demoralised habits, with feeble vital stamina, consequently there is, and will be, a larger proportion of sickness, chronic pauperism, and death in the parish than formerly.

"This deterioration of race has for some time been recognised by Medical Officers of Health.

. . . . . .

"It must be remembered that most of the working people are fixed to the spot, and cannot get a periodical change of climate, or remove from a locality in the event of impending ill-health, or of contagious disease breaking out near them.

"It is of no avail to lament over the laws of absolute necessity, but all parties should combine in a demand for that even-handed justice to the working ranks which, though it may not interfere with a stern destiny which confines them to a life of toil, is bound at least to provide that the theatre of that toil shall be free from the pollutions that endanger the functions of life, and uncontaminated by contagion and death.

"I must say it is a scandal to the present constitution of society that the reverse of this continues from year to year in spite of all suggestions of Medical Officers of Health, and the warnings of experience. In vain does one plague after another ravage the family of industrial orders, and like doomed men they stand amidst the harvest of death looking earnestly, but in vain, to the Legislature for that help which no other power can give. Parents, children, and friends, drop around them, the victims of a poisoned atmosphere; while they hear and feel successive warnings, the irrevocable law of necessity fixes them to the spot, and they cannot flee from the danger."

The Central Authority, the Metropolitan Board of Works, had, during the decade, been doing much useful work affecting the public health, of London, in addition to its great work, the great system of main drainage.

It had undertaken and had completed several large street improvements by 1870, intended to provide new and improved means of access from one part of the town to another.

"The Board had to supply the deficiencies resulting from centuries of neglect: it had also to keep pace as well as it could with the wants of the ever-increasing population, and the needs of a traffic which grew relatively even more

than the population," and each work contributed to the improvement of the public health, by facilitating and increasing the circulation of air in crowded neighbourhoods.

Another matter, important also in reference to the health of the metropolis, had also occupied their attention, namely, the acquisition or preservation of open spaces in London for public recreation and enjoyment.

A piece of land, of over 100 acres in extent, was acquired and opened to the public as Finsbury Park in 1869; and on the south side of the river, in Rotherhithe, some 63 acres of land were purchased in 1864, and converted into a public park a few years later.

On the outskirts of London there were a number of commons and other tracts of open ground available for public resort, to which the public had no legal rights, and which were rapidly being absorbed by railway companies or builders. London was thus in danger of losing open spaces which were urgently required in the interests of the public health.

Parliament, after an inquiry by Select Committee, passed the "Metropolitan Commons Act" * in 1866, which prescribed a mode of procedure under which the commons in the neighbourhood of London could be permanently procured for the people of London, and the Metropolitan Board set to work to procure them. The acquisition of Hampstead Heath was happily arranged in 1870.

Another great work was also undertaken by the Central Authority—namely, the embankment of the Thames.

The offensive state of the river had been greatly enhanced by the large areas left dry at low water on which sewage matter collected and putrefied; and the only way of removing this cause of mischief was by confining the current within a narrower channel.

Parliament passed an Act in 1863, entrusting its execution to the Metropolitan Board, and the work was soon after commenced.

Thus in these matters, all of which were closely associated with the public health, the sanitary evolution of London was

* 29 and 30 Vic. cap. 122.

progressing, and the Board was giving visible demonstration of the necessity of that which had so long been denied to London—namely, a central governing authority to deal with matters affecting London as a whole.

The Board, in their report for 1865–6, stated they were: "Deeply sensible of what remained to be done to remedy the neglect of past ages, and to render the metropolis worthy of its position as the chief city of the Empire;" but they were hampered by the want of means to enable them to carry out desired improvements.

"It cannot be questioned," they wrote, "that direct taxation now falls very heavily upon the occupiers of property in the metropolis. . . . It appears to the Board that the most equitable and practicable mode of raising the necessary funds would be by imposing a portion of the burden on the owners of property. It cannot be denied that the interest of the latter in metropolitan improvements is much greater than that of temporary occupiers, and yet at the present time, the occupiers of property in the metropolis bear almost the whole cost of the improvements effected by the Board. It is hoped that the representations made by the Board will satisfy the Legislature of the injustice of the present state of things, and lead to some equitable remedy."

The visitation of cholera was doubtless in the main accountable for the access of energy displayed by Parliament about this period in matters affecting the public health.

In the same session that the Sanitary Act was passed, a measure of considerable importance to the consumers of water in London was passed, though many years would elapse before its effect would be appreciable. This was "The Thames Purification Act."

"Whereas . . . the sewage of towns situate on the river Thames above the metropolis is carried into the river, and thereby its waters are polluted and the health and comfort of the inhabitants of the valley of the river below those towns of the metropolis are affected," powers were given for the diversion therefrom of the sewage of Oxford, Reading, Kingston, Richmond, &c., &c., "whose cloacal contributions to the stream were distributed to masses of the people of

London." No less than 56 towns, it was said, cast their impurities into the river.

And in the following year the scope of the Thames Conservancy Board was extended and very stringent care exercised to prevent unnecessary pollution of the river. And in 1868 the river Lea, another of the water suppliers, was placed under a Conservancy Board.

In 1867 an Act of far-reaching consequence was passed, making vaccination compulsory. In 1836 an Act* dealing with this matter laid it down that the parent of a child, or the occupier of the house in which a child was born, might, within 40 days, give notice to the Registrar as to the vaccination of the child. There was no punishment for the neglect to do so, and no penalty for refusal to give the Registrar the information.

This new Act, which came into operation on the 1st of January, 1868, enacted that—

"Every child shall be vaccinated within three months of its birth."

The Act was to be administered by the Poor Law Authorities; and Boards of Guardians might appoint public vaccinators and establish vaccination stations.

In 1867, also, another Act of very great consequence was passed dealing with one important element in the sanitary evolution of London, to which no reference has yet been made, namely, the provision of hospitals for the isolation of infectious or contagious disease, for the prevention of mortality, and for the speedy restoration of the sick to health.

There is, indeed, no part of sanitary work requiring more constant attention than the protection of the community from the spread of infectious diseases, and this is best secured by hospitals affording proper provision for isolation and treatment of infectious cases.

Next to the adoption of proper measures for the prevention of disease, a suitable provision for the speedy restoration of the sick to health is obviously of the greatest importance to the community.

* 6 and 7 Wm. IV. cap. 86.

So far as the absolutely destitute were concerned, all had, by the law of England, subject to certain conditions, right to food, shelter, and medical attendance; and they accordingly received gratuitous medical treatment at workhouses, or dispensaries, and in sick wards.

Indeed, any person suffering from an infectious disease might, if willing to become a pauper, take advantage of such provision as was made by the Guardians of the Poor, the provision being imperfectly isolated wards and buildings attached to the several Metropolitan Workhouses and Infirmaries. Those not so willing were compelled to remain at home, a source of danger to those around them, and if poor, with insufficient medical attendance and nourishment.

For a long time the only special provision for certain infectious diseases for the whole of London was that in the London Fever, and the London Smallpox Hospitals, both of which were maintained by private charity.

Happily, where neither the State nor the local authorities did anything, charity stepped in, and on a larger scale supplied an inevitable want; and medical charities grew up to give relief in time of sickness to those of the working classes of society who were unable to provide for themselves, but this was mostly for non-infectious or non-contagious diseases.

None of the Vestries or District Boards gave any sign of making provision for those who were not paupers, although the duty of giving opportunity for isolation of infectious persons whose dieases made them dangerous to others, be they paupers or not, devolved upon them under the Sanitary Act of 1866 as the Sanitary Authorities concerned in the prevention of the extension of disease.

"Indeed it must be admitted," wrote the Medical Officer of Health for Chelsea some years later, "that the Vestries never recognised their responsibilities (as sanitary authorities) from the very first."

Grievous scandals having occurred in the treatment of the sick in many of the metropolitan workhouses, the Government of 1867 decided on a great measure of reform. Once more the necessity of central government had to be

recognised, and by the Metropolitan Poor Act of 1867 a Board—elected by the Poor Law Guardians, who themselves were elected bodies—was created as a central authority to relieve Poor Law Guardians of the care of and treatment of paupers suffering from fever and smallpox who could not be properly treated in workhouses, and to provide for their treatment and accommodation, as well as that of the harmless insane of the metropolis.

The Board was entitled the Metropolitan Asylums Board, and consisted of 73 members; 55 of whom were elected by the various Boards of Guardians in London, and the remaining 18 being nominated by the Home Secretary.

In the early stage of its existence its duties were strictly confined to those of the pauper class suffering from these diseases.* Admission to its hospitals could be obtained only on orders issued by the relieving officers, and those admitted became, if they were not so already, "pauperised" by admission and *ipso facto* paupers; but later its scope was extended, and it became the Hospital Authority for infectious diseases in London, and afforded another illustration of the necessity for having one central authority for matters relating to the public health of the inhabitants of the metropolis.

The erection of hospitals was at once commenced. The first was opened in January, 1870, and the isolated treatment of many cases of infectious disease was of great benefit to the community.

In 1867, too, Parliament again dealt with the condition of the workers in Factories and Workshops. The legislation dealt with the kingdom as a whole, but inasmuch as London was so great a manufacturing city, it affected also the masses of the working population of the metropolis.

The Commissioners on Children's Employment, who had been at work since 1862, had completed their inquiry, and made many recommendations, and in the concluding part of their fifth report, dated 1866, they wrote:—

"We heartily trust that we may have thus, in some degree, contributed to bring the time nearer when so many

* See Report of the Metropolitan Asylums Board for 1886–7.

hundreds of thousands of your Majesty's poorer subjects of the working classes—especially the very young and those of the tenderer sex—will be relieved from the totally unnecessary burden and oppression of overtime, and night work; will be confined to the reasonable and natural limits of the factory hours . . . will perform their daily labour under more favourable sanitary conditions, breathing purer air, amid greater cleanliness, and protected against causes specially injurious to health and tending to depress their vigour and shorten their lives."

Only in 1867 was factory legislation at last of an approximately general character.

"Fully two-thirds of the century in which England's industrial supremacy swept to its climax was allowed to pass before even an attempt was made to regulate on sound general principles the recognised and inevitable workings of unchecked individualism in the industrial field." *

The Act of 1867 † made better provision for regulating the hours during which children, young persons, and women, were to be permitted to labour in any manufacturing process conducted in an establishment where fifty or more persons are employed—the regulation being in the direction of less onerous conditions of labour.

And by another Act passed at the same time—"The Workshop Regulation Act, 1867," ‡ the protection afforded to workers in factories was extended to workers in smaller establishments, so far as regarded the regulations relating to the hours of labour to children, young persons, and women.

"Workshop" was defined as—

"Any room or place whatever (not a factory or bakehouse) in which any handicraft is carried on by any child, young person, or woman, and to which the person employing them had a right of access and control."

No child under 8 was to be employed, and none between 8 and 13 was to be employed more than six and a half hours a day—and sundry other directions. The workshops, moreover, were to be kept in a proper sanitary state, and

* See the *Edinburgh Review*, January, 1903.
† 30 and 31 Vic. cap. 103. ‡ 30 and 31 Vic. cap. 146.

the administration of the sanitary provisions of the Act was placed in the hands of the local authorities—the Home Office Inspectors having concurrent jurisdiction.

These Acts had a two-fold effect in the direction of sanitary evolution: the improvement of the sanitary conditions under which the people worked, and the prohibition of work entailing consequences detrimental to the physical well-being of the workers.

Their effect would have been of the greatest value in London had they been vigorously enforced. Some of the Medical Officers of Health endeavoured to enforce the Act.

Thus the Medical Officer of Health for the Strand reported to his employers (1868–9) :—

"During the past year the provisions of the Workshops Regulation Act, 1867, have, so far as practicable, been enforced."

And the Medical Officer of Health for St. George, Hanover Square, wrote (1870–1) :—

"I have endeavoured to carry out the Workshops Act by the abatement of overcrowding, by enforcing due ventilation, and closing at the legal time, so as to prevent the scandal and suffering of dressmakers still being compelled to toil for 16 hours."

But the silence of others on the subject told its own tale and pointed its own moral. Active inspection was essential for success, but inspection was not encouraged by the Vestries or District Boards, and the intentions of the Legislature were once more frustrated by the failure of the local authorities to do their duty.

After four years Parliament took the duty away from their incapable hands and transferred it to the Factory Department of the Home Office.

One other Act of importance Parliament also passed about this time, "The Artizans' and Labourers' Dwellings Act, 1868."

Sanitary legislation has as yet done little more for old property, and the whole of Central London was old property, than to improve the drainage, and occasionally to cleanse or whitewash some small fraction of it; and there

remained the fact that numerous districts or conglomerations of houses were unreformable, and when the most was done to them that could be done under the law were still unfit for human habitation.

In the previous year a Bill had been introduced into Parliament by Mr. Torrens:—

"The objects of which were, first, to provide means for taking down or improving dwellings occupied by working men which were unfit for human habitation; and secondly, for the building and maintenance of better dwellings instead. But the Act of 1868 retained the former only; the latter having been struck out of the Bill during its progress through Parliament.

"The intention of Parliament was to provide the means whereby local authorities might secure the effectual repair of dilapidated dwellings, or, when necessary, their gradual reconstruction." *

The Act conferred powers far exceeding any heretofore possessed by the local authority for effectually dealing with houses unfit for human habitation.

"On the report of the Medical Officer of Health that any inhabited building was in a condition dangerous to health, so as to be unfit for human habitation, the Vestry, after certain inquiries, &c., was to have power to order the owner to remove the premises, and, in default, themselves to remove them; or they might order the owner to execute the necessary structural alterations, and in default, might either shut up or pull down the premises, or themselves execute the necessary work at the owner's expense." †

The Act proceeded upon the principle that the responsibility of maintaining his houses in proper condition falls upon the owner, and that if he failed in his duty the law is justified in stepping in and compelling him to perform it. It further assumed that houses unfit for human habitation ought not to be used as dwellings, but ought, in the interests of the public, to be closed, and demolished, and to be subsequently rebuilt.

* Report of Select Committee on the working of the Artizans' and Labourers' Dwellings Improvement Act, 1882, p. iii.

† Ibid., p. iv.

Use began to be made of the Act soon after its passing, but the operations under it can be more conveniently described in the following chapter.

The energy of Parliament had a most beneficial effect, and many of the Medical Officers of Health bore testimony to the encouraging sanitary progress which was being made.

Thus the Medical Officer of Health for Fulham wrote (1868) :—

"Our district is gradually and most manifestly improving in all those great features of hygiene which are truly essential where such masses of people congregate together."

And the Medical Officer of Health for St. Martin-in-the-Fields, who wrote in 1864 that :—

"The spread of sanitary knowledge is slow"—

Wrote in 1868 :—

"Upon the whole, I am of opinion that all classes, even the very poorest, are much more alive to their own interest in supporting measures for the maintenance of health."

The Medical Officer of Health for St. Mary, Newington, wrote (1871) :—

"The knowledge of a compulsory power, as well as the spread of sanitary knowledge, and a greater appreciation of it, has led to a vast amount of sanitary improvement.

"I can but express a strong conviction that the sanitary measures carried out are working slowly but steadily a vast improvement in both the morale and physique of the inhabitants of this metropolis in particular . . . a great work is progressing, the effects of which will be seen more and more as years roll on, and will be recognised in the greater comfort, better health, and augmented self-respect of the people, and in an increased and increasing improvement in the homes of those on whose strength or weakness must depend in no slight degree the position for better or worse of the English nation."

The Medical Officer of Health for St. George the Martyr, in his report for 1870, makes a retrospect of fifteen years :—

"When the Vestries began (1856) their mighty task they had to contend against evils and prejudices which had their origin in far away back generations, and which have cast

down their roots deep and intricate into our social system. . . .

"The Acts under which the Vestries had to work were very imperfect. Opposition was strong on every hand, the magistrates sympathised with the defendants. Property and its rights were apparently invaded; and property and its rights have always claimed more support than property and its duties.

"What was our physical condition? (in 1855).

"In every yard were one or more of 'the foulest receptacles in nature,' namely, cesspools; these gave off, unceasingly, foul effluvia, filling meat safe, cupboard, passage and room. The smell met you on entering the house, abode with you whilst you remained in it, and came out with you on leaving it. The parish was burrowed with them, and the soil soddened with the escape of their contents. The emptying of them proved a true infliction. They have now been emptied for the last time, filled up with coarse disinfecting materials. . . . They would not now be endured for a moment, yet with what difficulty they were abolished. They were clung to as if some old and honoured relic was about to be ruthlessly torn from its possessors."

Dr. Simon, the Medical Officer to the Privy Council, gave, in his report of 1868,* a view of sanitary progress in the country generally, much of which applied equally to London:—

"It would, I think, be difficult to over-estimate, in one most important point of view, the progress which, during the last few years, has been made in sanitary legislation. The principles now affirmed in our statute book are such as, if carried into full effect, would soon reduce to quite an insignificant amount our present very large proportions of preventable disease. It is the almost completely expressed intention of our law that all such states of property and all such modes of personal action or inaction as may be of danger to the public health, should be brought within scope of summary procedure and prevention. Large powers have

* P.P. 1868–69, vol. 32.

been given to local authorities, and obligation expressly imposed on them, as regards their respective districts, to suppress all kinds of nuisance and to provide all such works and establishments as the public health preliminarily requires; while auxiliary powers have been given, for more or less optional exercise, in matters deemed of less than primary importance to health; as for baths and wash-houses, common lodging-houses, labourers' lodging-houses, recreation grounds, disinfection-places, hospitals, dead-houses, burial grounds, &c. And in the interests of health the State has not only, as above, limited the freedom of persons and property in certain common respects: it has also intervened in many special relations. It has interfered between parent and child, not only imposing limitation on industrial uses of children, but also to the extent of requiring that children shall not be left unvaccinated. It has interfered between employer and employed, to the extent of insisting, in the interests of the latter, that certain sanitary claims shall be fulfilled in all places of industrial occupation. . . .

"The above survey might easily be extended by referring to statutes which are only of partial or indirect or subordinate interest to human health; but, such as it is, it shows beyond question that the Legislature regards the health of the people as an interest not less national than personal, and has intended to guard it with all practicable securities against trespasses, casualties, neglects and frauds.

"If, however, we turn from contemplating the intentions of the Legislature to consider the degree in which they are realised, the contrast is curiously great. Not only have permissive enactments remained for the most part unapplied in places where their application has been desirable; not only have various optional constructions and organisations which would have conduced to physical well-being, and which such enactments were designed to facilitate, remained in an immense majority of cases unbegun; but even nuisances which the law imperatively declares intolerable have, on an enormous scale, been suffered to continue; while diseases

which mainly represent the inoperativeness of the nuisance-law, have still been occasioning, I believe, fully a fourth part of the entire mortality of the country. And when inquiry is made into the meaning of this strange unprogressiveness in reforms intended, and in great part commanded, by the Legislature, the explanation is not far to seek. Its essence is in the form, or perhaps I may rather say in the formlessness, of the law. No doubt there are here and there other faults. But the essential fault is that laws which ought to be in the utmost possible degree, simple, coherent, and intelligible, are often in nearly the utmost possible degree, complex, disjointed and obscure. Authorities and persons wishing to give them effect may often find almost insuperable difficulties in their way; and authorities and persons with contrary disposition can scarcely fail to find excuse or impunity for any amount of malfeasance or evasion."

To this review by one of the ablest and most experienced of men of the time in matters relating to the public health, it must, however, be added that so far as the metropolis was concerned, "the meaning of this strange unprogressiveness" was not so much the formlessness of the law, as the fact that the interests against the enforcement of many portions of the law were predominant, and the non-administration of the law was due far more to that circumstance than to any ambiguities or obscurities in the laws. "Vested interests in filth and dirt" were all powerful on the greater number of the local authorities of London, and so the law which would have interfered with those interests was left severely unadministered.

Against these interests it was difficult to struggle—especially when there was no compulsion upon the administrators of the laws to administer them. Sheltered under a permissive, they would not exercise a compulsory power—a power entrusted to them with the control of public money for public good.

The true cause of the inoperativeness of the law was, in a way, pointed out by the Medical Officer of Health for St. James', Westminister, when he wrote (1869–70) :—

"The great deficiency of the Act of 1866, as of all other

English legislation on sanitary matters, is that no public prosecutor is appointed. If Vestries neglect to prosecute, and individuals do not see their way to it, people may be killed by infectious diseases to any extent."

And the Medical Officer of Health for St. Giles' expressed a similar opinion when he wrote (1870) :—

"The duty of making these sanitary improvements should be imperative instead of permissive. It was wise, at first, perhaps, that our sanitary legislation should be tentative and experimental; but experience having proved its necessity it should be made more stringent."

But neither of them got so far as to see the natural and simple remedy, that where a local authority for one reason or another would not administer the laws made by Parliament, the central authority should step in and do the work at the cost and expense of the recalcitrant local authority.

If one set of people failed in their duty to the public, it was but right that where such tremendous issues were at stake as the health and physical well-being, not merely of the people of one parish but of over three and a quarter millions of people—and all that their health and well-being implied—the administration of the law should be placed in hands that would administer it.

That, however, was but part of the great problem, though it would have gone a long way in ameliorating things. The other necessity was the strengthening and altering of the law which itself stood in need of many and large changes before a sure foundation could be laid for the future health of the great community resident in the great metropolis of London.

And other matters which ultimately were to have great influence towards the solution of some of the worst of the health difficulties in London were coming into view, and assuming form and substance.

Tramways, with their facilities of traffic, were about to be started.

In 1869 three private Acts were passed, authorising the construction and working of tramway lines in the metropolis, and in the following year several more private

Acts and "The Tramways Act, 1870," which was a general measure. Its main object was to provide a simple, inexpensive, and uniform mode of proceeding in obtaining authority for the construction of tramways, and to give the local authorities the power of regulation and control.

In London the Metropolitan Board of Works was constituted the "local authority" under the Act; and that Board was empowered to apply for a Provisional Order itself to construct tramways, and lease them to other persons, and was given, with the approval of the Board of Trade, a compulsory power of purchase after a period of twenty-eight years on certain conditions.

And in 1870 another Act of the most far-reaching importance was passed, "The Elementary Education Act," which prescribed the establishment of a School Board for London, and which in process of time would exercise vast influence towards a cleaner, brighter, healthier life than any hitherto within the reach of the masses of the population of London.

But though progress was being made in many ways, the progress had not affected infantile life.

"The dreary catalogue of human misery" given in the statistics of infantile mortality was as dreary as ever.

In every part of London those statistics were appalling.

In 1867, in the Whitecross Street District of St. Luke, no less than 64·4 per cent. of the mortality for the district consisted of deaths among children under five years of age. In 1868 it was close upon 61 per cent.

In Bethnal Green, in 1869–70, of 3,378 deaths, 1,900 were under five = 56·3 per cent.

In a sub-division of Whitechapel, in 1865–6, close upon 58 per cent. were under five; in Poplar a fraction short of 47 per cent.

In Kensington, in 1866, 40·6 per cent. were under five.

Each year the Medical Officer of Health for Fulham drew attention to, and protested against, the high rate, nearly 50 per cent. of infantile mortality under five, in 1867–8.

In Wandsworth, in 1870–1 = 47 per cent.

In Camberwell, in 1868 = nearly 50 per cent.

In St. Mary, Newington, and in Rotherhithe = 50 per cent.

In Bermondsey, in 1869–70 = 56 per cent.

In certain streets the percentage was much higher. Thus in Paddington (1870–1) :—

Woodchester Street ...	...	56	per cent.
Cirencester ,, ...	...	65	,,
Clarendon ,, ...	...	72	,,

The high infantile mortality betokened high infantile sickness, but of it no records have ever been kept.

CHAPTER IV

1871–1880

In 1871, the decennial Census once more afforded reliable information as to the population of London, and gave the means of ascertaining much else of the greatest value.

The population had gone up to 3,254,260 in 1871, from the 2,808,862 it had been in 1861, an increase of 445,398. But the rate of increase was declining. The decennial increase of population which had been 21·2 in 1841–1851, 18·7 in 1851–1861, had further declined to 16·1 in 1871.

The returns showed that London contained 2,055,576 persons born within its own limits, and 1,198,684 persons born outside its borders.

"Whence came these multitudes of both sexes, equal in themselves, without counting those born there, to a number greater than the inhabitants of any other European city?"

More than 607,000 of them came from the chiefly agricultural eastern, south-eastern, and south-midland counties surrounding the metropolis.

A large contingent of 147,000 was drawn from Devonshire, Wiltshire, Somersetshire, and the other south-western counties.

The west-midland counties sent up 84,000.

41,000 persons had come from Scotland, 91,000 from Ireland, 20,000 from the Colonies, and 66,000 from foreign parts.

In fact, over 37 per cent. of the population of London in 1871 were immigrants into the great metropolis—a great rushing river of humanity.

The returns were also of special interest in showing the changes in the distribution of the population. Speaking broadly, the previous movements were being continued—a diminishing population in the central parts, an increasing population in the outer parts.

It appeared to be inevitable that—

"As the trade of London continued to increase, so the districts which lay close to the great centres of business must be expected to be occupied more and more with warehouses, and less and less with the miserable dwelling-houses which had hitherto sheltered its poor and working-class population."

The diminution of the population of the central parts of London was in no way a symptom of decay: it was, in reality, proof of the reverse, being the result of increasing trade, commerce, and wealth, which required more house accommodation for the carrying on of their enormous operations.

The great economic forces were in fact as active and powerful as ever. In the City the population had fallen in the decade from 111,784 to 74,635. In every one of the six parishes or districts composing the Central group the population had likewise decreased.

In the Eastern group, the population of three had decreased, whilst in the others there were increases—notably so in Poplar, where there was an increase of 37,000, and in Bethnal Green, where there was an increase of 15,000.

In the Northern group all had increased, except St. Marylebone—the increase in Hackney being over 41,000, and in Islington over 58,000.

In the West, there were also large increases—Fulham 27,000, Paddington 21,000, Kensington 50,000. Only St. James' (Westminster) and Westminster had decreased, and they in reality belonged more to the centre than to the west.

On the South side, with the exception of Christchurch, St. Olave, and St. Saviour's—all in Southwark—and Greenwich, there was an increase in all the parishes or districts, the increases in some being very large; 40,000 in Camberwell, 46,000 in Lambeth, 55,000 in Wandsworth.

The figures thus furnished by the Census enabled a fairly

accurate calculation to be made as to the death-rate. It now appeared to be 24·6 per 1,000 living.

The Registrar General, in his report for 1873, entered into a comparison with previous years which may be assumed to be as accurate as any such calculations could be.

The mortality was as high as 29·4 in 1854. It was 26·5 in 1866 (when cholera was epidemic), and it was as low as 21·5 in 1872, and 22·5 in 1873.

"The mortality never having been so low in any two consecutive years since 1840, and by fair inference never so low in any two years since London existed."

This was distinctly encouraging, demonstrating as it did the good results ensuing upon the great works of improved drainage and sewerage, and a healthier water supply.

As to the housing of this huge population, it was shown that the number of inhabited houses had increased from 360,035 to 419,642.

The reports of many of the Medical Officers of Health throw much additional light upon, and explain or elucidate the facts set out in the Census, and carry on the narrative into later years of the matters recorded by the Census Commissioners.

Thus, as regarded the reduction of the population in the central group of parishes, the Medical Officer of Health for the Strand District ascribed it in part to the new Law Courts, and to the circumstance that residential houses were, in increasing numbers, becoming converted into business premises.

"But," he added, "it is also probably in some measure due to the greater facilities for locomotion to suburban homes"; which is notable as almost, if not absolutely, the first recognition of this cause affecting the population.

In St. James', the decrease of population was "due to the fact that the district had increasingly become the centre for clubs, hotels, and splendid shops. The result had been an enormous rise in the value of houses, and a gradual extrusion of the less wealthy and important residents."

In St. George-in-the-East, the Medical Officer of Health stated that:—

"The decrease of population was due to houses being taken by a railway company, by the Poor Law Guardians for an infirmary, for a church, &c."

How considerable the clearances were in some districts may be inferred from the figures given by the Medical Officer of Health for St. Giles' in 1871.

"The clearances in the City of London for the purposes of erecting a new market, and a viaduct, and in the Strand district to form a site for the proposed Law Courts, have aggravated the evil of overcrowding. To effect these improvements (or chiefly so) the large number of 18,358 persons have been removed. Strand, 6,998; St. Sepulchre (City), 4,188; St. Bride (City), 4,211; Saffron Hill, 2,961."

And in St. Olave, on the south side of the river, the Medical Officer of Health wrote :—

"Since the census of 1861, 436 houses have been pulled down, clearing away whole streets and courts for the formation of railways and the extension of warehouses, displacing 961 families comprising 3,556 persons."

Consequent upon these clearances, and the people having to find dwelling room somewhere, the transition of houses built for a single family into tenement-houses continued in full swing.

The Medical Officer of Health for St. Mary, Newington, reported (1873) that year by year the better class of houses were becoming less and less inhabited by a single family.

The Medical Officer of Health for Paddington gave a very clear description of the process.

"There is a very dense packing of population," he wrote (1873), and he mentioned some instances :—

"Brindley Street	with	801	persons	living in	65	houses.
Hampden Street	,,	876	,,	,,	78	,,
Waverley Road	,,	900	,,	,,	72	,,

"Builders intended these houses at first for one respectable family, but . . . in violation of common sense and decency they are let out in tenements and single rooms, without those essential conditions of a dwelling which landlords should in all instances be compelled to provide.

"There is yet in reality no law to prevent the creation of unhealthy districts as long as five or six families are allowed to live in one house intended for a single family. . . . Houses should be built with reference to the future health of the people who will have to live in them.

"And now, while the fields are open and still unbuilt upon, it would be worth the attempt to overcome the destructive influences likely to be established in building tenement dwellings as the population gathers in this and other neighbourhoods. They will some day be hives of pauperism."

Furthermore, in some parishes, the natural growth of the population was very rapid. In Islington, for instance, the Medical Officer of Health wrote :—

"The Life Balance Sheet of your parish for 1875 shows that your losses and gains leave you 4,376 lives to the good, or in other words 4,656 deaths and 9,032 births have been registered in the parish of St. Mary, Islington."

And the Medical Officer of Health for St. Marylebone wrote (1877) :—

"If we compare the annual number of births with the deaths, we shall find that every year some 1,200 or 1,500 more persons are born in the parish than die in it; and what, it may be asked, becomes of the surplus population? The only answer is, that it migrates; it could not remain in the parish for the simple reason that there is no room, all available spaces in St. Marylebone have long been built upon, and the houses occupied, many of them crowded."

To the migration rendered necessary by the natural growth of the population, and by the diminishing number of houses in the central parts, was added the ceaseless stream of fresh immigrants into London. These vast numbers had to find house accommodation somewhere, and they found it, in their tens of thousands, in various parts of the less central portions of the metropolis.

In Kensington, for instance, the Medical Officer of Health stated (1871) that the larger portion of the increase of nearly 41,000 in the ten years was due to immigration.

The Medical Officer of Health for Fulham drew a graphic picture of this inrush of humanity.

"The steady growth of London westward has thrown among us a vast and teeming population of the working classes, as well as those of more well-to-do condition, and for the housing of the former many blocks of wretched and most miserably constructed dwellings continue to be erected with the most utter disregard for drainage or other sanitary appliances now so essential. That part of Fulham, once open fields, is still being rapidly covered with streets and houses of this character, and many open spots in Hammersmith are being filled in the same way. Our healthy neighbourhood may thus be made ere long a land of sickness and disease unless some check is given to such speculative buildings. Our natural advantage with all our care will not avail us against such utter recklessness."

The increase of 21,000 in Paddington drew from the Medical Officer of Health the query—

" . . . Whether any and what steps should be taken to prevent the wholesale influx of a colossus of pauperism with the consequent burdens of poverty and sickness."

It had already driven the people underground for shelter, for in 1871 he described how—

"Many of the underground kitchens in Leinster Street (and four others named) have been inspected where the poor people are found living like Esquimaux in underground cave dwellings—places with impure air, want of light, admitted only through a grating in front, the upper sash of the window being often out of repair, or nailed up."

The rapid increase of population in London would not have been accompanied with such serious results to the public health as it was, if the houses which were being so rapidly built for the people to inhabit had been constructed on sound sanitary principles.

But this was very far from being the case, and the evils described in the last chapter in this respect continued over an enlarged area, and in accentuated form.

It is now almost incredible that the laws should have been

left in such a state as to enable builders, without any legal check, to put up the houses they did.

The Medical Officer of Health for Mile-End-Old-Town pointed out (in 1872) that "The position and structure of houses has a very distinct bearing upon the public health, yet very little regard is given to sanitary principles in their construction. . . . The class of small houses for the crowded occupation of the poorer classes is generally built either upon 'made ground' composed of refuse and débris of all descriptions, the organic portion of which presently fills the houses with various disease-producing gases, or upon newly opened ground saturated with miasma, without the least attempt at protection by means of previous drainage or properly protected excavated foundations."

And in 1876 he reverted to the subject :—

"Water, air, and light are nature's disinfectants and preventions of disease. They are abundantly provided, but more meagrely and inefficiently used, and indeed practically ignored, by architects, builders, owners, and occupiers. . . ."

A witness before a Select Committee testified in 1874* that :—

"Houses were being built upon the soil—any soil, in point of fact—and the foundations of houses consisted very often of nothing but manure, and old boots, old hats, or anything thrown into it."

The Medical Officer of Health for Poplar wrote (1873) :—

"The continued rapid increase in the number of new streets and houses in various parts of the district presents many unsatisfactory features.

"In most cases, before the buildings are commenced, the gravel is dug out, and the hole filled up with so-called brick rubbish, but in reality with road-sweepings, the siftings of the dust yards and similar refuse. The dwelling-houses, mostly of the poorer class, are largely built of soft ill-burnt bricks, and are tenanted generally as soon as they are finished—frequently even before they are complete.

* Select Committee on Metropolitan Buildings and Management Bill, 1874. P.P., vol. x.

"As a matter of course the walls are still damp, the streets unpaved, and the residents suffer often very seriously in their health."

The Medical Officer of Health described ten acres of houses in Hackney as "almost entirely built upon a great dust heap," built, too, of porous bricks and bad mortar.

And another witness before a Select Committee in 1882 described how, in the other end of London—in Wandsworth—on an estate "which practically might be considered a small town," the ground has been filled in to a depth of six or seven feet with filth of every description, and houses have been rapidly built upon it. The results to the health of the inhabitants were disastrous.

This, however, by no means completed the description of the evil condition of the buildings.

The Medical Officer of Health for Shoreditch wrote (1876–7):—

"Not only was the health of the inhabitants endangered by the presence of a large number of old decayed brick drains, but also by many new drains which had been carelessly laid. Their joints leaked; in some places neither cement nor clay had been used, and pipes had been connected with drains at right angles."

And the Medical Officer of Health for St. George-the-Martyr added his testimony (1877–8):—

"Not only may the materials of which our buildings are constructed be thus defective, but the drainage may be and is indeed mostly laid carelessly and imperfectly. . . . An eminent Civil Engineer, one who has had a very large experience in this division of his profession, informs me that 90 per cent. of the houses built are imperfectly drained, that the drains are laid in a reckless manner, the joints often not cemented, and that the way in which they are laid is unscientific and dangerous. No wonder we have continued ill-health of the occupants."

The Medical Officer of Health for Fulham described in 1872–3 how in "Fulham New Town" the basements of the houses had been built below any available sewerage, with

the result of constant floodings of cesspool matter to the great danger of the public health.

And the materials of which the superstructure was made were as bad as they well could be. Porous, and half baked, and broken bricks being used, and mortar mixed with garden mould or road scrapings—"some without a particle of lime in it."

In Battersea Fields—

"You will find them there putting the houses together in such a way that you may kick the walls down with your feet." *

The Medical Officer of Health for Whitechapel put the subject very tersely when he wrote in 1880:—

"In the construction of houses the only thing that appears to be considered is that of cheapness."

Until near the end of this decade of 1871–1881, a building could be constructed without any supervision of the materials, and any number of structures which could not be occupied without danger to life or health might be put up, for no one had power to interfere. The London Building Act had no adequate clauses to secure the effectual purity of new dwellings, nor had the Sanitary Authority any power to check the practice of building houses on rotten filth.

And so all these evil practices were very widely indulged in; for though there were many respectable men among builders of small houses, there were many who, regardless of all consequences, covered the suburbs with "small, rotten houses." And immense numbers of the people were absolutely unprotected either by the Government or by the local authority from abuses which entailed upon them ill-health and death, and from practices which created and spread disease throughout the community.

The Medical Officer of Health for St. George-the-Martyr, Southwark, referring to "the dishonest and scandalous way" in which some houses were built, said (1877–8):—

* Evidence of G. Vulliamy, Select Committee, 1874. Superintending-Architect to that Board.

"From the greed of a few builders this traffic in human life, and in what makes life valuable, is openly and defiantly carried on. Under such circumstances full health is impossible. Yet for the success and permanence of natural existence a high standard is absolutely necessary."

Of builders such as these it may be truly said that having created a *damnosa hereditas* in one place, they moved on to create fresh ones in others, and no one prevented them.

So glaring were these evils that a Select Committee, which sat in 1874 on the Metropolitan Buildings and Management Bill of that year, recommended—

"That the District Surveyor or the Metropolitan Board shall have full power to stop the progress of any building in which the materials or construction is calculated to be dangerous or injurious to health, and to summon the builder or owner before the magistrate."

At the rate houses were being built, the defective Building Laws were a grave disaster.

In the two parishes of Bow and Bromley in Poplar, in the five years ending March, 1878, notices were approved for 1,981 new buildings.

In Hackney, in the year 1876–7, notices were given of intention to erect 800 new houses, and the extension of streets and houses into the fields had gone on so rapidly that by that time there were but few fields left in the district, or even large grounds belonging to any of the houses.

In Kensington it was reported in 1875 that the increase in the number of new houses brought into occupation had for a considerable period averaged 700 annually.

In Wandsworth, in 1874–5, notices were received for 887 new houses.

In 1877–8 for 1,432 new houses.
,, 1878–9 ,, 1,845 ,,
,, 1880–1 ,, 3,073 ,,

And in every place land was being grabbed for building purposes.

The Medical Officer of Health for Whitechapel wrote in 1879:—

"We are now paying very dearly both in health and money for the errors of preceding generations in their having allowed houses to be packed closely together. . . . Several cases have recently occurred in this district of landlords erecting dwelling-houses in the back-yards of those houses which were formerly occupied by a single family. This is a serious evil and ought to be prevented. We have power to prevent the overcrowding of rooms, and we certainly ought to have power to prevent the cramming together of houses on sites of insufficient size for the healthy existence of the tenants."

Even burial-grounds were not sacred, nor were public authorities even immaculate in this respect. Thus in St. Luke:—

"The Quakers' burial-ground by the side of Coleman Street is now (1876) in progress towards being covered with buildings, and a portion was taken by the London School Board for the erection of a school. In the process of excavation for the foundation, human remains were discovered."

And the areas at the backs of houses were also being rapidly covered over. The Act of 1855 had provided that 100 superficial feet should be left open—

"But the exigencies of trade have led the Metropolitan Board of Works and the District Surveyors to permit the area on the ground storey to be covered over." *

In fact, the insufficiency of the laws as regarded buildings intended for human habitation, and the mal-administration or non-administration of those laws which existed, resulted in the creation of evils which inevitably and most injuriously affected the health of the public, not merely at the time, but for many years to come.

The Medical Officer of Health for St. Giles', in 1871, pointed out the necessity of a change of the law.

"It is very much to be desired that the law gave more stringent powers to local authorities to prevent the re-

* See Report of Select Committee, &c., 1874, Q. 23,445.

erection of buildings upon the old sites, so that the new buildings might not become as unfavourable to health as the old ones. . . . Such a perpetuation of mischief ought not to be permitted, and the rights of landlords should be subordinated to the public good."

The condition of existing, as apart from new, houses also stood in need of many changes of the law to effect their redemption. The necessity was forcibly portrayed by the Medical Officer of Health for St. Marylebone in 1870. He wrote:—

"Of all the obstacles that stand in the way of anything like effective sanitary operations, not only in St. Marylebone, but in nearly every other district of the metropolis, there are none so formidable, so apparently irremediable as the miserable house accommodation provided for the labouring classes. Year after year I am called upon to tell the same unvarying story of rotten floors, broken walls and ceilings, windows and roofs that let in the wind and the rain, chimneys that will not let out the smoke, and of these wretched tenements being crowded with honest, hard-working people, from the cellars to the attics."

Parliament continued in this decade the greater solicitude about and interest in matters connected with the public health, which it had recently been showing; and the first year of the decade, 1871, is noteworthy for the adoption by Parliament of a measure which had far-reaching effects upon the sanitary evolution of the metropolis. This was the creation (by "The Local Government Board Act, 1871") of a Central Government Authority for the supervision by Government of the sanitary authorities in England and Wales, and also of those in London.

Matters relating to the health of the people had become so large a portion of the work of government, that the necessity had forced itself upon Parliament of concentrating in one department of the Government the supervision of the laws relating to the public health, the relief of the poor, and local government.

The new authority, which was entitled the Local Government Board, was not a representative body, but was a

Government Department. It was to consist of a President, appointed by the Queen, and of the following "ex-officio" members—the Lord President of the Privy Council, all the Secretaries of State for the time being, the Lord Privy Seal, and the Chancellor of the Exchequer.

All the powers of the Poor Law Board were transferred to it, also certain powers and duties vested in Her Majesty's Privy Council. Several of the powers vested in or imposed on a Secretary of State, relative to health matters, were also transferred to it. Henceforth no bye-laws made by the sanitary authorities in connection with their duties were to be of any force until approved by the new Board.

Also the Board was to possess, in reserve for great epidemic emergencies, a power to issue directions under the Diseases Prevention Act, 1855.

But with the exception of such special cases, the function of the new Central Authority in regard of local sanitary action was primarily one of observation and inquiry.

The various Vestries and District Boards of the Metropolis being sanitary authorities thus came under the supervision, and in some respects under the control, of the new Central Government Board, instead of, as previously, under a branch of the office of the Secretary of State for the Home Department; but to all intents and purposes they retained their liberty of administration, or, to state it more accurately, their liberty of non-administration. Their relations to the elected central body, the Metropolitan Board of Works, remained unchanged.

In 1871, also, Parliament dealt with the water supply of London. The essential importance to the health of the population, especially in large towns, of an adequate supply of wholesome water was becoming more generally recognised.

"Without water life cannot be sustained, cleanliness cannot be maintained, sanitary measures are at a standstill, drains become blocked, offensive and deleterious gases are retained or driven back into the dwellings, disease is caused and fostered, and public as well as private injury caused in all directions."

The Act of 1852 had failed to secure for the inhabitants

the advantage which they ought to have long since enjoyed, of a well-regulated supply of water in their houses for domestic purposes.

A Select Committee of the House of Commons recommended that every company should afford a constant supply of water to each house,* so that the water might be drawn direct and fresh from the company's pipes at all times during the twenty-four hours, and free from the pollution so often acquired in dirty receptacles. And a Royal Commission, appointed in 1867, after an elaborate inquiry, † declared that earnest and prompt efforts ought to be made to introduce the constant service system to the furthest extent possible in the metropolis. The Report of the Royal Commission is memorable for the very strong expression of opinion that the water supply of the metropolis should be consolidated under public control.

The duty of supplying the inhabitants of a city with water had from a very early period been regarded as a peculiarly municipal function, and the supersession of the municipalities by joint stock companies was a comparatively modern innovation.

Thus far, however, Parliament was not disposed to go. But (by the Metropolis Water Act, 1871) Parliament—contenting itself mostly with "mights"—directed that any company might propose to give a constant supply of water, or the Metropolitan Board of Works might apply to a company for it; failing both of which, and under certain conditions, the Board of Trade might require a constant supply to be provided. Also every company should—

"On Sundays, as on other days, supply sufficient pure and wholesome water for the domestic use of the inhabitants within their limits."

But the Act did not curtail the power of the companies to cut off the supply to a house if the water-rate was not paid by the landlord or owner. An opinion was expressed on this point by the Medical Officer of Health for St. Mary, Newington, in 1872:—

* Select Committee of 1867. † P.P., 1868–9, vol. xxxiii.

"I maintain that water is absolutely necessary for the health, cleanliness, and sanitary condition of every one, and that if a monopoly of its supply is granted to any company, no power of withholding it should be allowed.

"In the present and increasing crowded condition of our poorer houses the act of one person may enable a water company to refuse it to a household of ten or twelve people. . . . I do most strongly protest against a continuation of a power which in its exercise undermines the very foundation of sanitary improvement."

Little, however, was done either by the Metropolitan Board of Works, the Board of Trade, or the companies to avail themselves of the optional provisions of the Act.

"Perhaps," wrote the Medical Officer of Health for Wandsworth, "there never was an Act of Parliament so completely ignored in many districts as the one in question."

"The companies," wrote another Medical Officer of Health, "are too busy in looking after their trade interests to concern themselves much about the health of the people."

And the constant supply to the people of London was postponed to the distant future.

In 1871 another subject also claimed the attention of Parliament.

An epidemic of smallpox of unexampled severity began at the end of the year 1870, "the like of which had not been known in England since vaccination was first practised." It increased in London at an alarming rate until it reached its height in May, 1871, when 288 people died of it in one week, and it killed in London alone, in that one year, 7,876 persons. And as it was reasonable to assume that one death represented at the very least eight or ten times the number of cases of that most loathsome disease, the results were frightful, and the injury inflicted upon the community, present and future, disastrous.

At one time more than 2,000 smallpox patients were under the care of the Metropolitan Asylums Board, and

the admissions into the Board's hospitals about the same time averaged 500 a week.

In a report on the subject the Committee of the House of Commons wrote :—

"It is impossible to say what ravages might not have been the result of the smallpox epidemic of 1870–1 had it not been for the efficiency and energy of the Asylums Board. Although the prophylactic virtues of vaccination have been recognised on all sides, it must be remembered that as yet but a small part of the growing population has been subjected to the operations of the Compulsory Vaccination Act."

And they expressed "their strong sense of the great services rendered to the metropolis by the managers."

The prevention of smallpox by vaccination was not yet a very potent factor in the diminution of that disease. Only slowly could the Compulsory Vaccination Act of 1867 produce effect, and as the appointment of public vaccinators and the establishment of vaccination stations had been made only optional, the mortality of the outbreak in 1870–1 had been but little, if at all, modified by it. The epidemic, however, was used by some to enforce a lesson.

Thus the Medical Officer of Health for St. James' wrote :—

"The lesson of the great epidemic of smallpox is the necessity for vaccination.

"The history of no other disease supplies so assuredly and necessarily the means of its entire destruction."

And the managers of the Metropolitan Asylums Board, in a report issued in 1871, wrote :—

"The necessity for re-vaccination when the protective power of primary vaccination has to a great extent passed away, cannot be too strongly urged. No greater argument to prove the efficacy of this precaution can be adduced than that out of upwards of 14,800 cases received into the hospitals, only four well-authenticated cases were treated in which re-vaccination had been properly performed, and these were light attacks."

Parliament passed an Act in 1871, making the appoint-

ment of paid Vaccination Officers compulsory on all Guardians, and the law generally more effective.

Likewise in 1871 Parliament dealt with another matter affecting the public health, and placed on record its opinion of the Vestries and District Boards by relieving them of the duty of enforcing the sanitary provisions of the Workshops Act, which they had failed to carry out, and transferring it to Government Inspectors appointed by the Home Secretary.

This was quite an unprecedented amount of sanitary legislation by Parliament in one year, and is very notable as showing the greater position health matters were assuming in the opinion of the nation, and the greater necessity Parliament felt itself under for dealing with them.

An improvement as regarded the food of the people of the metropolis was also commenced about this time.

The Corporation of the City of London had undertaken to carry out the provisions of Part III. of the Contagious Diseases Animals Act, 1869,* and had purchased the site of Deptford Dockyard for the purpose of a cattle market, and for the reception and slaughter of foreign cattle. The market was opened in 1871, and the system of inspection there inaugurated secured the good quality of a great portion of the meat consumed in London.

In the following year (1872) the purity of certain articles of the food and drink of the people engaged the attention of Parliament.

Under the Act of 1860 the Vestries and District Boards might each appoint an analyst, but the great majority of them availed themselves of the permissive character of the Act, and did not appoint one.

A sidelight is thrown upon the effect of this inaction of the local authorities by evidence given in 1862 by a master baker named W. Purvis. He said:—

"When the Act passed for preventing the adulteration of articles of food and drink there was an immediate apprehension among those bakers in the trade who adulterate their bread that they would be liable to have their bread fre-

* 32 and 33 Vic. cap. 70.

quently analysed, &c. But when it was found that no sufficient means were provided by the Act to meet the expenses of this kind of active and constant supervision (the purchaser having to pay the analyst), they became confident again, and have resumed their practice of adulteration without any fear of detection." *

It was felt now that some further move should be made, and Parliament added another Act for preventing the adulteration of food, drink, and drugs to the long list of those which had gone before.

"Whereas the practice of adulterating articles of food and drink and drugs for sale in fraud of Her Majesty's subjects, and to the great hurt of their health and danger to their lives, requires to be repressed by more effectual laws than those which are now in force for that purpose—

"Be it enacted——" †

This Act made it incumbent upon all Vestries and District Boards to appoint public analysts to analyse all articles of food, drink, and drugs, on the request of any parishioners, on payment of a fee; and imposed the duty upon them of procuring and submitting for analysis articles suspected to be adulterated, and on their being certified to be so, of taking proceedings before a magistrate, who was given power to impose severe penalties. The offences were more clearly defined, and the expense of executing the Act was to be paid out of the rates.

The Act did much good, but the amount of good was not to be judged by the number of prosecutions and convictions. "Its deterrent effects were undoubtedly great." ‡

A Select Committee of the House of Commons, which had been appointed in 1872 to inquire into the subject, recommended the repeal of previous Acts dealing with the subject, and the enactment of a new and more compulsory measure, and in concluding their report they said: "Your Committee believe it will afford some consolation to the public to know that in the matter of adulteration they are cheated rather

* See P.P. 1863, vol. xxv. Report by Tremenheere on Bakehouses, p. 113.

† Adulteration of Food and Drink and Drugs Act, 1872, 35 and 36 Vic. cap. 74.

‡ P.P. 1874, vol. vi.

than poisoned. Witnesses of the highest standing concur in stating that in the numerous articles of food and drink which they have analysed, they have found scarcely anything injurious to health."

In 1875 a further Act dealing with this matter was passed amending and strengthening the existing law.

In September, 1872, another notable step in the sanitary evolution of London was taken in the creation of an authority for the protection of the metropolis against the importation of disease by sea from foreign countries or from home ports.

"It is now acknowledged," wrote the Port Medical Officer of Health in his first report, "that, as a natural result of the insular position of the kingdom, and the vast extent of our commerce, the sanitary condition of shipping and of the floating population must exercise a considerable influence on the health of the country as regards the importation and transmission of epidemic diseases . . . the urgent advisability of using all means to prevent the introduction of disease into this the largest port in the world is sufficiently apparent."

Hitherto the prevention of the importation of the various sorts of disease into London by vessels trading to the Port of London from all quarters of the world had been confided to the officers of Her Majesty's Customs, and was of the most superficial and inadequate character.

The district assigned to the Port of London Sanitary Authority extended from Teddington Lock to the North Foreland, and was 88 miles in length. It included 8 sets of docks and 13 "creeks."

In the section of river lying between London Bridge and Woolwich Arsenal Pier, about 10 miles in length, there was a constant average of no less than 400 vessels of all descriptions moored on both sides of the river, more than 90 per cent. of which had crews on board.

The creeks were more or less occupied by barges containing manure, street-sweepings, gas-liquor, bones and other varieties of foul cargoes, inasmuch as depôts for the storage of these materials existed on the banks.

And lying in the docks there was an average of between six to seven hundred vessels, over none of which had the sanitary authorities on the sides of the river any control whatever.

This was a most unsatisfactory condition of things, and left London open to the practically unchecked importation of infectious and contagious disease of every kind.

By "Provisional Order" of the Local Government Board, the Corporation of London was constituted the Sanitary Authority of the Port of London,* and was made responsible not only for taking proper steps, under Orders in Council, to prevent the introduction of cholera, but was required also to carry out, within its allotted area, the provisions of the various Nuisances Removal Acts and Prevention of Diseases Acts for England, and the Sanitary Act of 1866.

Its authority extended only to things afloat. Whatever was landed came within the province of the local Sanitary Authority, except things landed in the docks, and things "in bond," which were under the control of Her Majesty's Customs.

The work was undertaken at considerable expense by the Corporation out of the City's cash, and at no charge to the ratepayer.

And a Medical Officer of Health for the Port and some Inspectors were appointed.

It was the duty of the Port Medical Officer—

"To inspect, before landing, all emigrants that arrived in the Port from the Continent for purposes of transhipment, and to isolate all suspected cases, and to carry out all Special Orders in Council relating to the prevention of cholera, or other epidemic diseases."

He was also charged with the duty of inspecting, at Gravesend, any cases of sickness on inward-bound vessels reported to the authorities by the officers of Her Majesty's Customs.

As to the prevention of the importation of epidemic

* Issued on the 17th of September, 1872, and renewed the 25th of March, 1873.

diseases other than cholera, reliance was placed upon a speedy and proper examination of vessels as soon as possible after they had come to moorings. A large proportion of these vessels required constant general inspection.

Among the various other duties, fumigation and disinfection of vessels, also of clothing, were not the least important.

For isolation of the sick a hospital ship was maintained at Gravesend.

The work done by the Port Authority was, in spite of many limitations and difficulties, considerable; and the inspection of thousands of ships, the cleansing and fumigation of foul or infected vessels, the removal to hospital of seamen suffering from infectious or contagious disease, and the disinfection of clothing were, sanitarily, of the greatest advantage to the inhabitants of the metropolis.

In another matter Parliament, in 1872, made a completely new departure.

It declared that "it was expedient to make better provision for the protection of infants entrusted to persons to be nursed or maintained for hire or reward in that behalf." And it inaugurated a plan for the protection of the health of the most helpless of its numerous charges—a plan embodied in the Infant Life Protection Act.

"Houses of persons retaining or receiving for hire two or more infants for the purpose of nursing must be registered."

The Local Authority (the Metropolitan Board of Works) was to cause a register to be kept and make bye-laws, and might refuse to register an unsuitable house.

And the registered owner must keep a register of the children, &c., &c.

If proved to the satisfaction of the local authority that such person has been guilty of serious neglect, or is incapable of providing the infants with proper food and attention, the house might be struck off the Register, and penalties be imposed—six months with hard labour, and up to £5 fine.

The start made was slow, only six houses having been

registered in 1876; but the Act laid the foundations of a scheme which has had considerable developments.

Specially valuable is it to have the views of one of the foremost men of his time upon the phase of opinion existing at this period upon the general question of the public health. They help to mark progress along the road. The late Mr. W. E. Forster, speaking at the meeting of the British Association at Bradford in 1873, said:—

"I think our aims in this direction are higher than they used to be. We are aiming not only at preventing death, but at making life better worth living by making it healthy. And we no longer forget that in fighting our battle against disease it is not only those who are killed that are merely to be considered, but also the wounded. In those terrible inflictions of preventable disease throughout the country the loss of life is very sad; but even more sorrowful to my mind are the numbers of our fellow-creatures—fellow-countrymen and women—who are doomed to struggle and fight the battle of life under the most severe conditions because of wounds they have received from preventable diseases."

While Parliament was thus legislating on several matters considerably influencing the sanitary well-being of the people of the metropolis, the powerful economic and social forces also affecting it were silently and uninterruptedly continuing their work with never-ceasing energy.

With the marvellous industrial developments of the time, trade, and commerce, and businesses of various kinds and sorts were spreading over a wider area, and constantly claiming accommodation to carry them on; and the process continued of the conversion of residential houses into offices and shops and warehouses and workplaces.

The increase of houses in other parts of London, rapid as it was, barely kept pace with the increase of population, whilst it had practically done nothing as yet to relieve overcrowding in the central parts of London.

The excessive density of the population was a great sanitary evil.

"It is a well established law," wrote the Registrar

General in 1872, "that, other things being equal, the insalubrity of a place increases with the density of the population, and that the fevers generated in crowded dwellings have a tendency to spread among the whole of the population."

And it was already pretty generally recognised by Medical Officers of Health that the chief condition affecting the mortality of a locality was the density of population.

The Medical Officers of Health never ceased pointing out the evils of overcrowding.

"Overcrowding," wrote the Medical Officer of Health for Whitechapel in 1877, "concerns the whole community, as is strikingly shown by the spread of many diseases which are, perhaps, in the first instance endemic, and confined to these overcrowded places, but which soon become epidemic and extend over large areas, attacking, indiscriminately, all classes."

And their reports are full of instances which had come under their observation.

Thus, in 1871, the Medical Officer of Health for Whitechapel wrote:—

"At No. 13, Goulston Street, I found in the back room of the ground floor, closely contiguous to three closets and a dust hole, one man, six women, and three children sleeping there. The room measured $12 \times 9 \times 7$ feet, giving only a cubic space of 756 feet for ten persons."

He mentioned also "a room in Cooper's Court, occupied by man, wife, and seven children, which contained about 630 cubic feet of space, which allows only 70 feet for each."

And numerous other cases of overcrowding and indecent occupation, and a case in which the dead body of a child had been retained in a room for fifteen days.

Passing on to the larger aspects of this dreadful overcrowding, he wrote:—

"It is manifest that persons living in such circumstances must become so enfeebled in health as to be unfit for any employment which requires much physical strength. The mental capacity of such persons is also so low as to prevent

them earning a livelihood in any occupation requiring much thought, and the consequence is an increase of paupers or of criminals, or perhaps of both."

"Consumption and the whole tubercular class of disease are chiefly caused by the defective ventilation of dwelling-houses, and particularly of sleeping rooms, in which at least one-third of one's existence is passed."

And the Medical Officer of Health for Paddington, in his report for 1871, wrote :—

"Serious evils of physical and moral character are found to afflict the population of these overcrowded houses. The want of fresh air, habitual uncleanliness, bad washing accommodation, with other unsanitary conditions, favour the spread of contagion. There is a notable increase of tubercular and consumptive maladies in our large cities, and the low form of vitality engendered in people who do not enjoy fresh air, leads to the abuse of stimulants and tobacco."

In 1874 he wrote :—

". . . Eighteen per cent. of the whole deaths—a formidable proportion—are from the tubercular class of diseases : a greater proportion than zymotic. The 206 deaths from consumption at ages between 20 and 60 show that there exists some general cause silently working great mischief and undermining the constitution of parents at a period of life in health and strength when they can least be spared from their families."

And he added :—

"Large numbers of sickly and weakly children abound in the tenement-houses of our thickly populated streets."

Nor were the homes of the people the only place where overcrowding worked its evil will. Many children—how many there is no means of knowing—suffered from it in the schools which they attended.

The following extracts from reports of an Inspector of the School Board * present a vivid picture of the condition of many schools in existence so late as the year 1874.

* Final Report of the School Board for London, 1870–1904.

1. —— *School.*

"This is a wretched place, a disgrace to the metropolis. The 'school' is held in an old dwelling-house in Clerkenwell. The house was at one time used as a stable. The approach is most unwelcome, and on entering the schoolroom (upstairs) a most deplorable picture presented itself to the eye. Fifty children crowded together in a small, dingy, shapeless room with space for sixteen, and the window and door carefully closed—in fact, the latter and the doors downstairs carefully bolted. The sooner this place is closed the better."

2. —— *School.*

"As regards the accommodation provided, thirty-six young children were sitting in an upper room into which the rays of the sun on a bright day in June could not enter —twilight in mid-day."

3. —— *School.*

"It would be impossible for words to describe the inefficient state of this so-called school. Eighty-two children of different ages—boys and girls—huddled together in a miserable, badly lighted, badly ventilated room, affording accommodation for twenty-three at the utmost.

"No books, no apparatus, no seats; floor and bare walls: the 'teacher' an aged man, standing in the midst of a crowd of children and wielding a cane to keep the 'scholars' quiet, and thus the time goes on."

4. —— *School.*

"This is not a school—it seems a baby-farm. Seventeen children in a small, filthy hovel. There were four infants a few months old; one lay on a small bed, another in a small cot, and the two others in positions which I cannot here describe. The little ones were quite naked. The woman who pretends to look after this 'school' was engaged in a back yard washing. From the woman down to the infant, all here seemed steeped in ignorance and wretchedness."

Here is a case reported by the Medical Officer of Health for Whitechapel, so late as 1880:—

"A schoolroom at 11, Pelham Street, Spitalfields; 9 feet

long × 8 × 8. There were twenty-five children aged 4—7, and the master and his wife, in all twenty-seven persons, giving 21·3 cubic feet for each."

And here is a report of an early crêche, or baby farm, also in Whitechapel, in 1879 :—

"The Sanitary Inspector found on the ground floor of 24, Freeman Street, Spitalfields, a woman and twenty-five children all under three. They were left in charge of the occupier of the room from nine until 5.30 p.m., who was paid 3d. per week per child. The room was 15 feet × 7 × 7, thus affording 28 cubic feet of space per child ! ! The room was badly ventilated, there were neither chairs nor seats, the children were on the floor, which was in a wet and dirty condition."

The other causes of insanitation were also flourishing. "Noxious businesses" of various kinds continued to pollute the atmosphere, despite legislation against them, and the existence of local authorities charged with the administration of that legislation—a permanent pollution all the year round, and from which there was no getting away.

Very commonly the arches under the railways were used for making and storing artificial manures, the smell from which was intolerable.

The Medical Officer of Health for St. Mary, Newington, 1871 :—

"The private manure-mixing yards have ever been the cause of much annoyance and illness to those living in the neighbourhood. One of these," he added, "had for years been complained of."

And yet the Vestry had not shut it up. And the air was tainted and vitiated by the emanations from them, the owners having no vestige of regard for other people's health.

Another cause of insanitation was the existence of slaughter-houses throughout London, in the most crowded parts, and in close propinquity to dwelling-houses; indeed, in the yards of some of them slaughter-houses, with all their unpleasant concomitants. Cow-houses, too, also close to houses, were numerous, and, in the outer parts of London, even piggeries.

A great opportunity was lost in 1874 for greatly diminishing, if not actually terminating, the great "nuisance" of slaughter-houses.

By an Act passed in 1844, it was declared absolutely illegal, on the expiration of thirty years after the passing of the Act, to carry on certain noxious businesses in any premises nearer a dwelling-house than 50 feet, or nearer a public way than 40 feet—the business of slaughtering being among the number. Until 1851 there was no control over slaughter-houses; any one could conduct a slaughter-house who pleased, subject only to the common law as to doing anything which might be considered a nuisance.*

The Metropolitan Market Act, passed in that year, required that all slaughter-houses should be licensed by the justices, thus establishing some form of control over them.

When, in 1874, the expiration of the thirty years drew nigh, doubts were raised by those interested in their continuance as to the interpretation of the Act of 1844. The Select Committee, which was investigating the subject of "Noxious Businesses," stated that no evidence had been given before it to show that any of these trades when properly conducted affect the health of the persons living near the premises, and Parliament, accepting this view, passed an Act which undid the enactment of 1844, and allowed slaughter-houses to be continued indefinitely under license. At the same time it conferred on the central authority, the Metropolitan Board of Works, power to make bye-laws with respect to certain noxious trades.

And so this fertile cause of insanitation—slaughter-houses—was perpetuated to the present time.

There was, however, a far more general and potent cause of disease and death, and general detriment to the public health, than the pollution of the atmosphere by noxious trades, and that was the reckless scattering abroad of infectious or contagious diseases by persons afflicted with or in contact with such diseases.

* See Select Committee on Noxious Businesses, 1873. P.P., vol. x.

The Metropolitan Asylums Board had already erected hospitals, and were doing a vast amount of good and preventing the spread of disease.

But by the people themselves the seeds of infection were scattered broadcast.

Dr. Simon, the Medical Officer to the Privy Council, in his Report of 1865, wrote :—

"As to contagions already current in the country, practically any diseased person scatters his infection broadcast, almost where he will—typhus or scarlatina, typhoid or smallpox, or diphtheria, . . . the present unlimited license seems urgently to demand restriction."

But the license to kill remained without restriction, except that of entering a public conveyance.*

As the Medical Officer of Health for St. Mary, Newington, wrote in 1871 :—

"How many are the ways in which the spread of contagious disease is, as it were, invited, no one knows better than a sanitary officer. Washing, mangling, needlework, go on in many an infected house ; children, aye adults also, the sick and the sound, mix indiscriminately. I have even known the exhibition, as a sight, of the corpse of a smallpox patient. . . ."

And the Medical Officer of Health for Paddington called attention (1873–4) to—

"The extreme indifference displayed with regard to these diseases (measles, &c.), by many of the lower and middle class is an unmistakable sign of an ignorant belief that they are natural events; and such a belief leads to a carelessness of management much to be condemned.

". . . The working classes generally visit freely during sickness, allowing their clothes to become saturated with contagious poison."

The Vestries and District Boards did do a certain amount of disinfection ; but more than three years after the Sanitary Act of 1866 was passed, in twenty-nine districts (out of thirty-eight) no proper disinfecting establishment

* See Sections 25 and 26 of the Sanitary Act, 1866.

in accordance with the requirements of the law had been provided (Strand, 1869–70).

The Medical Officer of Health for St. James', Westminster, pointed out (1870–1) that in London there was—

"No legal obligation on the part of the head of a family or landlord, or a medical man, to declare the presence of scarlet fever to the sanitary authority. The consequence is, that long before any knowledge of the existence of the disease has been obtained by the Medical Officer of Health the disease has spread far and wide. If it were not so melancholy, one feels inclined to deride the folly and ignorance of a so-called civilised and enlightened nation allowing such a cruel and terrible scourge as this to pass over the country without any attempt to control it."

"In sixteen years we have lost 479 persons by scarlet fever in St. James'. Where one person dies, 10–20 get it and get well. It is vain to calculate the pecuniary expense of such a curse, but every one can make something like an approximation to the cost of such a waste of human life, and form an opinion of the vast benefit of legislation that should put a stop to this disease."

The Medical Officer of Health for Paddington referred (1876) to the disastrous results of cases of infectious illness not being notified to the sanitary authority, and so enabling precautions being taken to stamp out the infection.

"Such a state of matters, with the annual huge mortality consequent thereon, will continue until an educated people, conscious of its duties and jealous of its rights, demands from a tardy executive the intervention of the legislature to prevent it."

The Vestries and District Boards were gradually doing a good deal of useful work of the sort which did not much conflict with private interests. The great main drainage works of the Central Authority had enabled them to improve and extend their sewerage and drainage works, and from 1856 up to March, 1872, they had borrowed from the Metropolitan Board of Works £757,000 for this purpose;* and the total length of brick and pipe sewer

* See Report of Metropolitan Board, 1871–2.

which they constructed in that period was very close upon 700 miles.

"The large amount which has been expended on works of sewerage and paving, shows that the local authorities in the metropolis have not been unmindful of the requirements of their several districts."

St. Giles' reported in 1872 that its sewerage was very complete, "not a single street or court being without a sewer."

St. Marylebone reported in 1877 :—

"£33,500 has been spent in new sewers in the parish in the last three years, and £7,000 is to be spent. Over three miles of new sewers were constructed. These are large items in our parochial expenditure, but the fact cannot be ignored that the sewerage of the parish had got into a disgraceful and indeed dangerous condition.

"In some of the finest streets and squares of the parish the sewers were but little better than elongated cesspools."

Bermondsey reported, in 1872, that the entire district was drained into low level sewers, all open sewers, tidal and other ditches, and cesspools having been abolished; £5,200 expended in widening and improving certain streets, £92,000 spent in sewerage, paving, and other improvements.

St. Mary, Newington, reported in 1871 that the whole of the open sewers and tidal ditches had been covered over; that the drainage was in a satisfactory condition, and that within a few pounds of £400,000 had been spent since 1856 in various parish works and maintenance.

In the Wandsworth district (1873–4) :—

"The enormous sanitary works carried on by the Metropolitan Board of Works and the Board of the District have, by drying the soil and altering the waterlogged condition which formerly prevailed, completely changed the sanitary aspect of the locality."

Not all the work reported as done, however, was done as satisfactorily as was to be desired.

Thus the Medical Officer of Health for St. James', Westminster, wrote (1871–2) :—

"Sewers and drains being out of sight admit of a great amount of 'scamping' work.

"Speaking from experience, some of the local sewers in St. James' are specimens, I hope unique, of the extent to which 'scamping' can be carried."

And the Medical Officer of Health for Shoreditch wrote (1878) that—

"Some of the new drains (being so badly laid) are more dangerous than the old."

The arrangements for water supply were also in some few parishes, in process of years, being slowly improved.

In Lambeth, in 1872, 646 houses without proper water supply were provided with it; and in 1873, 804 houses.

Read one way, this was satisfactory. Read the other, it was a revelation of the number of houses in Lambeth which had been left until 1873 without that great essential of health—a "proper water supply."

A large amount of street paving had been done, and a few small street improvements had been carried out.

Considering the very limited staff of Inspectors which it suited the policy and purposes of the Vestries to appoint, a fair amount of sanitary inspection was done in some parishes and districts.

The striking fact about the inspections made is the very high proportion of houses in which the sanitation was defective.

In Bermondsey, in 1879, where 1,577 houses and premises were inspected, 1,495 notices were served.

In Limehouse, in 1879, 1,411 houses were inspected; and 1,070 orders for sanitary amendments issued.

In Shoreditch, where there were 15,500 houses, the two Sanitary Inspectors appear to have done a lot of useful sanitary work. In 1877–8, 5,465 separate nuisances dangerous to health were abated.

If anything like a similar proportion prevailed generally throughout London, the housing of its huge population was indeed in a dreadful state.

In some ways the local authorities were awakening to their responsibilities, and beginning to avail themselves of some of the provisions placed by Parliament at their disposal.

In Paddington, St. Giles', and Rotherhithe, the Vestries had adopted the Baths and Washhouses Act of 1846, and thus helped to promote habits of cleanliness, and to diminish some of the insanitary evils consequent on the tenements being turned into temporary wash-rooms.

And in St. James' (Westminster) and Lambeth, mortuaries had been provided, which, in some cases, at any rate, obviated some of the insanitary evils consequent on the retention of dead bodies for long periods in single-roomed tenements where death had been caused by contagious or infectious diseases.

More action was being taken, too, as regards the disinfection of rooms where there had been cases of infectious disease. Thus in Lambeth in 1877–8, 824 houses were disinfected.

Here and there, too, the owners of noxious trades were being compelled to adopt methods rendering their businesses less insanitary and objectionable to their neighbourhoods.

The Local Government Board had caused an elaborate inquiry to be made by Dr. Ballard as to—

"'In what measure and by what means nuisances and injury to health from offensive businesses might be avoided,' and the report led to quite a satisfactory result.

"It showed that by the application of such knowledge as was at command, all or nearly all businesses that are in a serious degree offensive might be carried on either without offence, or with such important reduction of offence, as should make it tolerable, or even trivial."*

In Fulham several piggeries were closed by law; not without regret, apparently, for the Medical Officer of Health stated in his report:—

"It certainly is very hard on the pig keepers individually,

* P.P. 1878–9. Report of Local Government Board, vol. xxix., p. xiii.

but it is in accordance with the recognised law of civilisation, that the interests of the few must be sacrificed to the welfare of the many."

Upon one course of action all the Medical Officers of Health were in agreement—the absolute necessity of inspection and supervision of the houses of the people. In season and out of season they advised it, and urged it as the most essential and the most useful of all duties.

In support of these views they could point to the results of inspection and supervision in the registered Common Lodging Houses.

In the parish of Spitalfields (in Whitechapel, 1880) there were 109 of these houses containing 454 rooms registered to accommodate 3,992 lodgers. The class of persons occupying them were, notoriously, the very lowest.

"We failed to learn that any respectable mechanic with his wife and family ever applied at these houses for lodging accommodation. Yet," reported the Sanitary Inspector (1880), "we discovered no case of overcrowding. The bedding was clean; the yards and closets were in a good sanitary condition; there was a good water supply, and the walls and ceilings of the houses were clean."

If these results were obtainable in dealing with the worst classes, in the overcrowded parts of Whitechapel, *a fortiori*, inspection and supervision would have been productive of similar benefits among the general tenement population.

The Medical Officer of Health for St. George-in-the-East referred to the low mortality in model lodging-houses, where also there was supervision.

"There we find good sound dwellings, &c., &c. No overcrowding is permitted, only a certain number in family being accepted as tenants. Cleanliness on their part is expected—enforced if necessary—or a notice to quit is speedily given."

While thus recommending inspection, supervision, and compulsory rules, another view was also expressed.*

* By the Medical Officer of Health for Whitechapel, 1878.

"As laws have been enacted for the abatement of overcrowding, it is easy to say: 'let those in authority put them in force'; but I much fear unless the question is taken up with a spirit of love towards the poorer and more ignorant classes by the upper and middle classes, and measures adopted to give instruction to the poor in matters concerning their physical well-being, the existing state of things will long continue."

"No class will become civilised by being left to themselves, as unfortunately is the case in the numerous back slums of London, but improvement, physically and socially, can only be effected by a superior class mixing and associating with a class below them."

The Medical Officer of Health for Poplar wrote:—

"The poor want more than model dwellings, more than warmth, food and clothing; they want humanity, and the knowledge of the laws governing health."

Unfortunately those remedies were, at best, a matter of considerable time, and improvement could be but of slow growth. Immediate measures were required to cope with the appalling evils, and for the house-owners, even more than for the unfortunate tenants, were supervision and compulsory rules requisite.

But not one tithe of the Vestries and District Boards would enforce against owners the regulations under the 35th Section of the Sanitary Act of 1866.

Though something was being done as regarded the inspection of houses and the repair of sanitary defects, hardly any progress could be said to have been made for the improvement of the dwellings of the poor.

The Artisans' and Labourers' Dwellings Act (Torrens) of 1868 was to a small extent being made use of.

In some parishes houses considered by the Vestry or District Board as unfit for human habitation had been closed, and were only allowed to be reopened upon proper repairs having been carried out. In other cases where no amount of repairs could put the house into habitable condition, the landlord was directed to pull down the buildings (without his receiving any compensation), and,

in default, the Vestry could pull it down at his expense. The site remained unoccupied, until the owner or landlord used it again for building purposes, or sold it to some one else.

In St. Giles' (1873–4) the District Board has been enabled under the Act to enforce "considerable improvements in and immediately adjoining the worst parts of St. Giles'." (Houses in yards and courts were demolished.)

In St. Luke the total number of houses "pulled down or closed" amounted by the year 1875 to 104.*

In Holborn the Board had been—

"Applying or threatening to apply the Act to houses that could be fairly subjected to it. Besides having 150 houses, chiefly belonging to one owner, put into a complete sanitary repair, it has been actually applied to 136 houses; 70 thoroughly repaired, 40 demolished, 26 to be rebuilt, and 10 to be closed."

There were many difficulties in using the Act. Notice of houses being unfit had to be given to "owners." A certain case in Chelsea was mentioned where—

"There were freeholders, lessees, under-lessees, and sub-lessees, and their trustees and mortgagees, and besides there were the occupiers."

But in the great majority of parishes or districts no steps were taken under the Act. The Act did not give any compensation to the owners of condemned property, as Parliament had declared by it that compensation should not be given to those who permitted their property to fall into such a state, whilst at the same time extracting the fullest benefit from it.

To such a doctrine there was, of course, the strongest hostility by all those who held the opinion that a man might do as he liked with his own, and extract from it the uttermost farthing regardless of the infliction of disease and suffering and death upon those who were so unfortunate as to become his tenants, and reckless as to the injury his action was inflicting upon the community at large. And so :—

* P.P. 1875, vol. lxiv.

"The reluctance of the local authorities to take away a man's property was insuperable, and consequently no very great demolition took place."

The Medical Officer of Health for St. Pancras wrote (1876):—

"The Act is almost inoperative. The highly penal nature of this statute, which in the event of demolition gives no compensation to the owner whose property is destroyed, makes Courts of Justice extend every possible leniency to the owner. Moreover it does not contemplate any scheme for the reconstruction of the houses demolished, or other provision for population displaced. . . ."

And the Medical Officer of Health for St. James', Westminster, where no action was taken under it, wrote (1872–3):—

"It is scarcely necessary to say that such an Act could not be acted upon without the grossest injustice to the owners of property, and the infliction of the greatest hardship on the poor."

But there was another view, much nearer justice, which was given expression to before the Select Committee in 1881.

"An owner of property who allowed his property to fall into such a miserable state as to be unfit for human habitation is not a man that deserves the slightest consideration of any kind from Parliament—he ought to be treated rather as a criminal than an owner of property. To compensate him is a mistake entirely."

And the Medical Officer of Health for Whitechapel said it was his opinion that—

"If the landlord leaves his house in a very bad state, and will not listen to any representations, he ought not to be paid by the public when he is creating a nuisance."

The Act of 1868 having helped so little to a solution of the housing problem, and the matter being one of ever-increasing urgency, an effort was made to deal with it in 1875, when a Bill for facilitating the improvement of the working classes in large towns was introduced into Parliament by Sir R. A. Cross, and was carried.

It often happened that in some of the worst slums, the houses were the property of several owners, and it was not therefore in the power of any one owner to make such alterations as were necessary for the public health.

The Act * of 1875 contemplated—

"Dealing with whole areas, where the houses are so structurally defective as to be incapable of repair, and so ill-placed with reference to each other as to require, to bring them up to a proper sanitary standard, nothing short of demolition and reconstruction. Accordingly, in this case, the local authority, armed with compulsory powers, at once enters as a purchaser, and on completion of the purchase proceeds forthwith to a scheme of reconstruction." †

An official representation, that the houses within a particular area were unfit for human habitation, was to be made to the Central Authority, the Metropolitan Board of Works, by the Medical Officer of Health of a Vestry or District Board, and the Metropolitan Board was empowered to declare the same to be an unhealthy area, and to make an improvement scheme in respect of it. If it decided that an improvement scheme ought to be made, it should forthwith make such a scheme, which, after sundry formalities, was embodied in a Provisional Order which had to be confirmed by Parliament.

The compensation to be paid for the property so taken might be settled by agreement between the Metropolitan Board of Works and the owner, but where no agreement was arrived at, an arbitrator was to be appointed by the Secretary of State. The arbitrator was to assess the compensation at the fair market value of the lands concerned, due regard being had to the nature and then condition of the property, but no additional allowance was to be made in respect of the compulsory purchase of the area.

The value settled, and the land having passed into the hands of the Metropolitan Board of Works, the obligation

* "The Artizans' and Labourers' Dwellings Improvement Act," 38 and 39 Vic. cap. 36.

† See Royal Commission Report, 1884.

was imposed on that body of pulling down the buildings, and selling, or letting, the cleared ground for the erection of improved dwellings for the same number of people.

The hardship of working class and poorer persons being turned out of houses and no other accommodation being provided for them was formally recognised in this matter, and the scheme had to provide for the—

"Accommodation of at the least as many persons of the working class as may be displaced in the area . . . in suitable dwellings which, unless there are any reasons to the contrary, shall be situate within the limits of the same area, or in the vicinity thereof. It shall also provide for proper sanitary arrangements."

The Act was intended to relieve owners of such property without loss or benefit, and several representations as to unhealthy areas were made to the Metropolitan Board. The facts stated in these representations and subsequently brought out in evidence in the public inquiries held, were illuminating as to the terrible depths which the conditions of life of numbers of the people had been allowed to reach, without the intervention of the law, or the staying hand of the freeholder, lessees, or sub-lessees, who derived financial profit from the property.

The Medical Officer of Health for Limehouse described one of them:—

"The area, though not large, contained abominations sufficient for an area three times its size. Here were crowded houses, built no one knows when; how they stood was a marvel, their walls bulged, their floors sunk, an indescribable musty odour pervaded them; water supply, drainage, closets, all were bad, and in my opinion, nothing could remedy such a state of things short of pulling down the rickety buildings."

"The area is inhabited by about 800 people, and the death-rate is about 36 per 1,000."

In another of these schemes, in one Court (Sugar Loaf Court) the death-rate was 105·2 per 1,000.

The Medical Officer of Health for the Strand gave a report on the sanitary state of Bedfordbury:—

"Bedfordbury is the black spot of this parish. It and the contiguous courts are a little over three acres. Population census of 1871 = 2,163. It is a long narrow street of 47 houses with courts leading out of it on either side. Some of the courts are blind and very narrow, thus rendering light and air difficult of access.

"These 47 houses are so old and dilapidated that it is quite impossible to make them fit and proper habitation for the poor to live in.

. . . . .

"Even this bright and sunny morning the staircases were so dark that you could not see a single stair—there was not a scrap of ventilation, and no means of getting light or air to them.

"No. 37 is occupied by 33 people living in six rooms; on the second floor the two rooms are tenanted by two families, respectively five and seven, and the third floor by two families of six each."

No. 41 was very similar. "These two houses may be taken as a type of the condition of the houses in Bedfordbury."

"Off this street were various Courts, one of them of six three-roomed houses; its width three feet five. Another Court—seven houses, 20 rooms in all—population 71. All of them apparently as bad, or worse, than those in the street—miserable hovels, the birthplace of disease and vice, and centres for infectious diseases, which are likely to spread through the whole community."

The births and deaths were almost equivalent. In 1872, there were 92 births and 95 deaths. In 1873, there were 108 births and 108 deaths.

"In 1874, there were 95 deaths and only 82 births. The deaths are exclusive of those people who have been removed from the neighbourhood and gone elsewhere to die, either in the hospital or the workhouse, where a great many people at the present time do go to die."

Of the overcrowded rooms he says:—

"Here legions of crimes and legions of vices unite,

fostering diseases of body, weakened intellect, and utter destruction of the soul; leading inevitably to a career of wickedness and sin."

Confirmatory of the Medical Officer of Health's description, was that given in a memorial to the Metropolitan Board by 118 persons: "The Clergy, Medical Men, Bankers, Residents, Professional men, and Traders of the parish of St. Martin-in-the-Fields, in support of a scheme of improvement."

"Bedfordbury, with its swarming, ill-built, badly ventilated, rotten, inappropriate, unsavoury tenements, has seemed to us a very forcing pit of immorality."

"In it there are 797 people living on one acre of land."

"There is a very large number of interests to be paid for. There is first the freeholder; then there is the first lessee; then there are numbers of under-lessees, and all the trades of those little shops, and they ought all to get something."

And another area was the "Great Wild Street Scheme," in the parish of St. Giles'-in-the-Fields.*

"This area has long been a hot-bed of disease. It contains about 5½ acres, and 227 houses stand upon it inhabited by 3,897 persons.

Great Wild Street	58	houses	containing	926	persons.
Drury Lane	31	,,	,,	425	,,
Princes' Street	14	,,	,,	315	,,
Wild Court	14	,,	,,	346	,,

"Many of the courts and passages are approached by a narrow passage under a house at either end which renders ventilation very defective. Some of the houses are built close together and have dark passages and staircases, others have no back yards, and their sanitary arrangements are placed in the basement. Health under such circumstances is impossible. This part of St. Giles' has long been noted for its heavy sick and death rates, especially from diseases of the respiratory and pulmonary organs, and from typhus fever and other zymotic disorders in their most contagious forms." †

* 1877, 24th March. † Inquiry by Cubitt Nicholls, March 24, 1877.

Dr. Lovett, the Medical Officer of Health, stated that diseases were very rife in it, and a very high rate of mortality as compared with the number of cases.

And he added, "The district is a nest of zymotic diseases of the most contagious kind. In 1874, 27 cases of typhus were sent to Stockwell Hospital. This state of things cannot be dealt with under Torrens' Act. The houses are built so close together, the people are so huddled together . . . you must make a clean sweep of the buildings."

Another of these insanitary areas was Pear Tree Court, in Clerkenwell, "consisting of small tenements of an exceedingly inferior description. All are more or less calculated to engender disease and filth. The condition of the property has been such as to be a reproach to the neighbourhood.

"Occupied by the very poorest of the community. When disease made its appearance it has been fostered and engendered and continued by the state in which the property and its surroundings have been—the death-rate is nearly double of that which prevails over the whole parish.

"Some of the tenements are of the most wretched description—some constructed of lath and plaster—some wooden houses—the floors rotted partly by the cisterns, partly by rain coming in.

"In some cases the sanitary convenience is in the very rooms themselves—also the water-butt—thereby engendering and perpetuating the worst kind of zymotic disease: the chosen home of fever and also of smallpox.

"An entire absence of ventilation.

". . . When we come to those occupying only one room each, and remembering that in many of these rooms the closet, the water-butt, the water supply, and everything else was contained in the room itself, and that there was no provision for manure, ashes, or refuse of any kind, you can easily conceive what a wretched state of things that presents. On the average there were 2·80 persons per room permanently occupying them. So it cannot be wondered at an outbreak of the zymotic disease finding a resting-place

there, and that such a locality becomes a plague spot in the neighbourhood, and extends its ravages thence into healthier neighbourhoods."

Some of the houses the Medical Officer of Health had known to be in the same state for the last 36 years.

". . . An ill-constructed, unhealthy warren;" some were "regular old shanties—you could hardly find anything like those in the metropolis, they are worth looking at as a curiosity."

"Some in Clerkenwell Close are large and very old wooden houses, all tumbledown. There is no straight line in roof or windows—the windows are like cabin windows."

One more case is worth giving details about, as it is one of those rare cases in which one gets a more continuous account of the effects of slum ownership than is usually accessible.*

This was the Little Coram Street scheme, in St. George, Bloomsbury, in St. Giles' District, comprising 119 houses —1,027 inhabitants.

The Medical Officer of Health, in his representation to the Metropolitan Board, gave a minute description of the place.

"The houses are principally let to cab owners, who stable their horses in the lower floor, and reside with their families in the rooms over; they are without back yards, and the rooms mainly derive their ventilation from the staircase leading out of the stable, so that the air is contaminated by the noxious gases which issue from it. All the closets are inside the houses; there are no dustbins, and the drinking-water is often obtained from underground tanks, which serve both for stable, cleaning, and culinary purposes.

"These houses are unfit for human habitation."

"The district now represented as unfit, &c., constitutes the worst part of the parish of St. George, Bloomsbury, and has been notorious for years as largely contributing to the sick and death rates of the sub-district."

In 1862 it was reported that it had "habitually a much higher mortality than the rest of the parish."

* Appendix. Select Committee Housing, 1881, p. 354.

In the following years "the mortality was seriously increasing there."

In 1870 smallpox broke out first in it, and 25 cases occurred in a short time. During the same year the deaths in Chapel Place from three classes of disease—the zymotic, pulmonary, and tubercular—having been 17, the death-rate to population was 70 per 1,000 without reckoning those from other causes.

In 1871 the general mortality was 50 per cent. greater in it than that in the parish, whilst that of cholera was four times greater.

In 1874, nine cases of typhoid and typhus fevers occurred in it, "and the locality was conspicuous for diseases and premature deaths."

In 1876 scarlet fever was prevalent.

Asked what class of disease the people chiefly suffer from, the Medical Officer of Health replied:—

"Mostly from debility—zymotic diseases, and infectious diseases—such as whooping cough, typhus, typhoid fever, cholera, diarrhœa, measles, scarlet-fever, &c., &c., small-pox, and gin liver disease. . . . They are obliged to resort to gin on account of the close and depressing condition in which the people live in these Courts free from the public eye.

"The women have to stop at home; they do not get out, and therefore do not get any excitement. Then they take their drops. You can often see women at twelve o'clock in the day drinking in public-houses."

The Parochial District Medical Officer said:—

"The houses are so old that the air is really poisonous; it is full of miasma and dirt . . . all the whitewashing and ventilation in the world would do no good. The condition of the property has got worse year by year."

These are but some of the cases about which "representations" were made to the Metropolitan Board of Works—sufficient, however, as illustration of others. And what an awful and appalling picture they present. Had the condition described been only temporary, a mere passing phase, it would have been dreadful enough; but it had been going on

for years—it was permanently so—producing year after year its fearful crop of misery and crime, of disease and death, and scattering broadcast the seeds of disease and death, the "owners" all the while exacting the uttermost farthing they could in rents from the miserable inhabitants, and placidly and remorselessly giving disease and death in return: going on, too, during twenty years of government by "local authority"—Vestry and District Board—and nearly ten years after the passing of the Sanitary Act of 1866, with its provisions for the abatement of overcrowding and the maintenance of a certain standard of cleanliness.

A few years' experience of the working of the Housing Act of 1875 proved that it was dilatory, cumbrous, and costly to the ratepayers of London.

The arbitrator frequently awarded to owners of places unfit for habitation compensation equal or almost equal in amount to what would have been given if the houses had been good and sound. This the Metropolitan Board felt to be an injustice to the ratepayers upon whom the charge fell, and an encouragement to owners of houses occupied by poor people to allow them to fall into or remain in a dilapidated condition.

In the year 1879 the Board accordingly made representations to the Government, and suggested that the owners of unhealthy houses should not be compensated in proportion to the profit they derived from such houses, but according to their value as places pronounced unfit for habitation. The Board also pointed out—"the great loss entailed upon the ratepayers by the obligation which the Board was under to provide for the accommodation in suitable dwellings in the same area of at least as many persons as were displaced. This obligation rendered it necessary for the Board to sell, at a very low price, ground, which, with the dilapidated buildings upon it, had cost the Board seven or eight times as much, and which, if the Board had been free to dispose of it for commercial purposes, and to provide for the dispossessed people elsewhere, would have realised a much higher price." *

* See Report of Metropolitan Board, 1888.

On the six areas which had been sold to the Peabody Trustees it was estimated that the Board—or in other words, the ratepayers of London—would lose the large sum of £562,000.

The Board suggested that it should have power to dispose of the cleared ground for commercial purposes, and to provide for the re-housing of the displaced families in other parts of London.

This latter suggestion was not adopted, but Parliament passed an Act in 1879 which to some extent lessened, though it by no means removed the defects of which the Board complained, for the Board declared that "after careful consideration, it thought it well not to prepare any more improvement schemes until some further experience has been gained of the working of the Amendment Act of 1879."

And in 1879, also, an Act * was passed which nominally "amended," but in reality destroyed the real good of Torrens' Act of 1868, and gave the owner power to require the local authority to purchase the premises which had been condemned as unfit for human habitation, and which the local authorities were to rebuild and hold—thus practically relieving the worst class of slum house "owners" of any consequences for their malpractices, relieving them, too, in the most open way at the expense of the ratepaying public, as it empowered the Vestry "to levy a rate of twopence in the pound to bear this expense as well as that of building sanitary dwellings on the site."

By one means or another it invariably worked out that the slum owner obtained large sums for his vile property, and that the public had to pay heavily for his iniquities.

The work which was within the power of the Vestries and District Boards to do, in connection with the sanitary condition of houses, was far more wide-reaching in extent, and more immediately effective than any the Central Authority could do under its powers. Practically the Vestries had under their supervision the sanitary condition of all the houses of London. Moreover they could act upon

* 42 and 43 Vic. cap. 64.

their own initiative, whereas the Central Authority could only act when representations were made to it.

But with few exceptions, they resolutely fought shy of dealing with the crucial evil—the condition of the tenement-house population of the metropolis.

"There is no doubt," wrote the Medical Officer of Health for Paddington, in 1871, "from the abundant experience and records of the Sanitary Department of this and other Vestries, that houses let out in single rooms, and to several families, have endangered the life of people, have favoured the spread of contagion, and are a source of pauperism and degradation."

The various Health Acts gave them power to deal with most of the prevalent nuisances.

But no Act gave them such rapid and effective means of action, or so fixed upon the owner the responsibility and cost of keeping his houses which he let as tenement-houses in proper sanitary order, as did the Act of 1866 by its 35th Section.

This Act had conferred power upon them to make effective bye-laws or regulations as regarded such houses; and in 1874 the Sanitary Law Amendment Act conferred further powers upon them. Regulations could now be made as to the paving and drainage of premises, the ventilation of rooms, the separation of the sexes, and to securing notices being given to the Medical Officer of Health, and precautions being taken in case of any dangerously infectious disease occurring in a registered house.

By such regulations the notification of infectious disease occurring in tenement-houses could have been made compulsory, and such notification would have been of the very utmost value in enabling sanitary authorities to combat the ravages of infectious disease.

The regulations struck at the root of the very worst and most prevalent evils in the homes of the people, and had they been enforced, would have been a charter of health to millions of the people.

The Medical Officer of Health for Chelsea, in one of his reports, well enforced their importance.

"When it is remembered that the whole of the labouring population occupies but part of the house in which their families live; that in many houses three or four families live together; and not infrequently each family occupies only a single room; and when it is considered that whenever necessary all such houses may be registered, it will at once be seen how important is this regulation." *

These sections nevertheless remained absolutely a dead letter in nearly every one of the metropolitan districts, and even the newly constituted Local Government Board did not exercise its power of declaring them to be in force in any district.

From a return compiled in 1874 it appears that :—

(*a*) In only seven parishes or districts † were regulations made and enforced; how imperfectly even in these is illustrated by Lambeth where, in 1873, 47 houses only had been registered—there being 29,000 in the parish, one half of which were probably let in lodgings.

(*b*) In six districts regulations were made but no attempt made to enforce them.

(*c*) And in twenty-five parishes or districts no regulations whatever had been made.

In Hackney and Chelsea alone was any widespread use made of the regulation.

The explanation usually put forward of the determination on the part of the Vestries not to enforce the sanitary laws as regarded houses was their regard for the financial interests of the ratepayers. But the real ground of their aversion was that action would put house-owners to expense. "Vested rights in filth and dirt" were strongly represented on the Vestries and District Boards.

As a witness said before a Select Committee in 1882 :—

"So long as vestrymen own little properties, and so long as their relations and friends do the same thing, and they are all mixed up in a friendly association, you can never get

* The Medical Officer of Health for Chelsea (writing of his own parish).

† Chelsea, Hackney, Shoreditch, Lambeth, St. George (Southwark), Camberwell, Plumstead.

the prevention of the continuance of unhealthy tenements carried through." *

And not only was there a passive but often an active opposition to work being performed which it was their duty to do.

A general inspection would have shown what houses ought to have been made subject to such regulations, but it would also have exposed too publicly the iniquities of house-owners, and would have entailed a heavy expense on those who left the houses in a perpetual state of dilapidation, insanitation, and filth; and so the staff of inspectors was kept as low as possible.

A thorough enforcement of the regulations would have necessitated a supervision of their houses by the owners in addition to expense.

Many straws showed which way the wind blew. Thus the Medical Officer of Health for Bethnal Green wrote :—

"It is by the constant inspection and reinspection of property inhabited by careless and destructive tenants that most good can be done. I recently felt it my duty to recommend a house-to-house inspection of the whole parish—a procedure urgently required to ascertain the condition of the drainage and water supply arrangements. I regret to say this recommendation was not acted upon."

And the Medical Officer of Health for St. Pancras, in referring to house-to-house inspection, wrote :—

"This most important branch of all sanitary work has received as much attention as the number of the sanitary staff will admit."

And so the regulations were not made, or if made were not enforced. And, as the result, the great masses of the working classes, and the poorer classes in the metropolis, were by the deliberate decision of the great majority of Vestries and District Boards deprived of the protection which Parliament had devised and provided for their sanitary and physical well-being; and all the well-known evils of overcrowding were indefinitely perpetuated.

* Goddard, 1882, Select Committee, p. 576.

Apart from the sense of duty or responsibility to the people which ought to have appealed to them, there were other motives which might have done so.

The Medical Officer of Health for Paddington called attention to one of them in 1872. He wrote:—

"The costliness of preventable disease is enormous.

"(*a*) Sanitary supervision. (*b*) Removal to hospitals. (*c*) Disinfection. (*d*) Expenses in hospital. (*e*) Cost of burial. (*f*) Loss of work in wages. (*g*) Loss of life to the community. (*h*) Cost of widows and children."

And the Medical Officer of Health for Whitechapel wrote in 1871:—

". . . As the local rates are continually increasing for the relief of sickness and the support of widows and orphans, the building of asylums for the insane, and the providing of workhouse infirmaries for the debilitated and prematurely old, it is probable that local boards will direct more attention to the condition of the houses of the poor than they have hitherto done."

The cost was brought home to them in 1871—"an exceptional year of mortality caused by the continued spread of smallpox."

"It has been," wrote the Medical Officer of Health for Lambeth, "one of the most alarming and expensive epidemics that have visited the country for a century. The cost in a pecuniary sense has been great, but it is nothing as compared to the cost of human life.

". . . I know of no disease that can be made so preventable as this."

The Medical Officer of Health for St. George-the-Martyr wrote:—

"No extravagance can be compared with that of sanitary neglect. Pounds are willingly paid for cure, where ha'pence would be grudged to prevent. Some diseases we can create, most we can propagate, and send on their errand of misery and destruction."

In 1878 the Medical Officer of Health for Whitechapel again referred to the subject:—

"It may be asserted without fear of contradiction, that all

money laid out for the improvement of the public health will secure an ample dividend. . . .

"The alleviation of suffering and the prolongation of human life is the duty of every noble-minded man to endeavour to promote.

"It cannot be too frequently reiterated, too extensively known, that the rich not only pay a heavy pecuniary penalty, but often suffer a heavy affliction in themselves and families by neglecting to improve the sanitary condition of the houses and localities occupied by the poor. It is well known that defective sanitary arrangements in the poorer localities are the chief causes of disease among the poor, and when a contagious disease is once located it soon assumes an epidemic form and attacks, indiscriminately, all classes of the people."

These views were sound and true, but the contingencies described always appeared remote, and arguments of more immediate and remunerative results were constantly present.

If the conduct of the Vestries and District Boards was reprehensible for not administering the existing laws for the improvement of the sanitary condition of the poorer classes, and if the consequences of their deliberate inaction were so fatal to the lives of countless thousands of the people and so disastrous to the well-being of the community, the conduct of the "owners" of the houses, for the manner in which they allowed their tenants to live, was still more so.

"I often wonder," wrote the Medical Officer of Health for St. George-the-Martyr (1874–5), "what many of the owners of property think man was created for except indeed that he should be housed in foul, wretched dwellings in order that money may be put in their purses, and so they may reap where they have not sown. A grim kind of harvest that will prove. Surely the owners have neither humanity nor justice on their side when they allow their houses to become hotbeds for the fostering and spreading of disease, moral and physical, and in which it is impossible either to maintain cleanliness, or support health, or practice morality. There are thousands of such houses. . . .

"The only true and lasting foundation upon which the

glory and safety of a nation can be built, must be upon the cultivation of the moral and physical powers belonging to man."

The "owners" were of all classes.

An experienced witness * before the Committee of 1881, who had acted as arbitrator in some of these cases, referring to some of the worst slum areas in London, said:—

"It came before me that a great many people in life better than that supposed, do draw considerable incomes from insanitary house property."

"Some of these worst places are held by rich gentlemen and ladies."

"The class of landlords we have here are very shrewd money-making men, and they would not show much consideration to their tenants."

The Medical Officer of Health for St. George-the-Martyr, Southwark, reported (1876–7):—

"We have heard denounced, times out of number, and in the strongest terms, the conduct of the holders of small property as being most selfish, and they themselves the most persistent and obstinate opponents of sanitary measures and improvements; and moreover that this class formed a considerable portion of our Vestries. However this may be, they cannot claim a monopoly to this unenviable distinction. . . .

"Much of the small class property is placed in the hands of agents who neither hold nor cultivate any interest in the welfare and comfort of the tenants.

"To get the most rent with the least possible trouble and outlay seems to comprise their whole duty (of course there are exceptions).

"How much better in all respects would it be that the owner himself should give some personal supervision to his property and to the state of those who dwell in it."

And there was another class of "owners"—the middlemen—"the very curse that is incident in all society."

"There are a great many middlemen dealing with these properties. A great deal of it is to let out in lodgings. A man goes and buys this wretched property at public auction

* Mr. Hunter Rodwell, Q.C., M.P.

in different parts of London to pay him 10 or 12 %, and he underlets it at so much a room to weekly tenants."

"It is these small men who go into it to make a profit, and screw the poor, wretched holders down to the last farthing—in fact they get as much as they can out of the property, and do as little as they can."

Some of the Medical Officers of Health referred to the difficulties of getting the "owners" to do anything to keep their property in order.

Thus the Medical Officer of Health for St. James' wrote (1877–8):—

"On eastern border of parish a large number of houses are now increasingly being underleased in order to be let out as tenement-houses. . . . Dealers in these houses make enormous aggregate rentals out of the improvident working people whom they thus herd together; and persistent efforts on the part of the sanitary officers are needed to goad some of these 'landlords' into keeping their 'property' in a decent condition."

With a very large number of house-owners and other sanitary misdoers, nothing but the vigorous administration of the law would induce them to abate nuisances or do anything for their tenants.

"I am quite sure," wrote the Medical Officer of Health for Hackney in 1880, "that a prompt and strict enforcement of the various sanitary Acts is beneficial not only to tenants, but landlords, because the latter will not allow tenants to occupy their houses who frequently bring them under the notice of the sanitary officers."

With many, however, the fact that the law had been put in force against them, and would, if necessary, again be put in force was sufficient.

"The number of statutory notices this year was not much more than half. Owners have carried out the necessary works for fear of being summoned."

And numerous other reports were to the same effect. But a vigorous administration of the sanitary laws against owners was the very last thing which it was of use looking to the Vestries or District Boards for.

Some of the Vestries and District Boards put pressure upon their Medical Officers of Health to prevent energy upon their part.

Thus the Medical Officer of Health for St. Pancras in 1875 tendered his resignation, giving the following reasons:—

"That while I am held responsible for the sanitary condition of the parish, I am denied that assistance in outdoor inspection of houses either visited with contagious diseases or habitually in an unsatisfactory condition, which I believe to be necessary. I feel that the severe condemnation which a house-to-house visitation of the poorer parts of the parish has received from a majority of the sanitary committee must of necessity hopelessly weaken my authority with the sanitary inspectors, and render nugatory my efforts to carry out the Sanitary Acts. . . ."

Parliament was passing some useful legislation for the improvement of the public health, and taking some action against some of the more heinous existing abuses.

Several of the evils already described connected with the building of houses were dealt with in an Act * passed in 1878. It was at last declared to be—"expedient to make provisions with respect to the making, filling up, and preparation of the foundation of sites of houses and buildings to be erected within the metropolis, and with respect to the quality of the substances to be used in the formation or construction of the sites, foundations and walls of such houses with a view to the stability of the same, the prevention of fires, and for purposes of health."

The Metropolitan Board of Works was empowered to make bye-laws respecting the foundations and sites of houses to be constructed, and with respect to the material used in the construction of such houses and of the walls and buildings; and the Board issued a set of comprehensive regulations upon the subject.

"Considerable opposition was manifested by builders before the Secretary of State."

But, nevertheless, the regulations were sanctioned and approved.

* 41 and 42 Vic. cap. 32.

And in the same year (1878) Parliament had passed an Act which materially improved the sanitary conditions under which men, women, and children worked in factories and workshops.*

Guided by experience, Parliament had gradually been extending the operation of the previous Acts from one trade to another, and as Lord Shaftesbury said:—

"The general result had been to introduce and establish a system of order, content, and satisfaction. The children in the factories presented quite a different appearance from that which was their characteristic in former times; they were now hale and stout."

And the Factory and Workshops Royal Commission † in 1876 wrote:—

"The improvement in the sanitary arrangements and ventilation of factories had been most marked in recent years; and the cases in which young persons and women suffer in labour unfitted for their years, or in which young persons and women suffer physically from overwork, are now, we believe, as uncommon as formerly they were common.

"Much of this great improvement is undoubtedly due to factory legislation."

The Act directed that:—

"A factory or workshop should be kept in a cleanly state and free from effluvia arising from any drain, or other nuisance."

And that they should "not be so overcrowded while work is carried on therein as to be injurious to the health of the persons employed therein, and should be ventilated in such a manner as to render harmless, as far as practicable, all the gases, dust, &c., generated in the course of the manufacturing process and that may be injurious to health."

By subsequent order of the Secretary of State, 250 cubic feet air space were to be given to each adult during the day, 400 cubic feet after eight o'clock at night.

It was to be "the duty of the sanitary authority to make such inquiry and to take such action thereon as to that

* 41 Vic. cap. 16. † P.P., vol. xxix.

authority may seem proper for the purpose of enforcing the law."

A very material factor in the health of the people was dealt with in this Act—namely, the condition of the bakehouses where the daily bread of the community was prepared.

Legislation as to bakehouses had been left unchanged since the Act of 1863, and in harmony with the usual disregard of their duties by the local sanitary authorities, little use was made of that Act.

The Royal Commission of 1875 reported that it was "only here and there that any active steps had been taken by the local authorities to carry out the provisions of the Bakehouse Act."

By the Act passed in 1878 the Bakehouse Regulation Act of 1863 was repealed, and the duty of regulating the sanitary condition of bakehouses was transferred from the local authority to the Inspectors of Factories.

In 1878, also, the Contagious Diseases Animals Act was passed. Primarily it was directed to the protection from cattle plague of the cattle of the country, and the prevention of the spread of disease, which had been entailing heavy losses upon their owners, and very stringent precautions were imposed.

But it contained also some very valuable provisions as to the condition of cowhouses and dairies, and early in 1879 the Privy Council issued an Order providing for the registration of all persons carrying on the trade of cowkeepers and purveyors of milk, for regulating the lighting, ventilation, cleansing, drainage, and water supply of dairies and cowsheds, for securing the cleanliness of milk stores, milk shops, and milk vessels, and for protecting milk against infection and contamination.

Inspectors were appointed by the Board.

"At the time of the passing of the Order the London cowsheds were, with few exceptions, unsuitable in construction and in sanitary arrangements. By opposing the renewal of licenses the Metropolitan Board succeeded in abolishing from two to three hundred of the worst of them,

and obtained improvements, amounting to entire reconstruction, in the remainder. In the larger dairies and milk stores much improvement was also effected."

It was this Act of 1878 which drew from the Medical Officer of Health for Whitechapel the following remarkable passages in his report; passages which are enlightening as to the prevalent views of the time.

"We have a striking instance of the great interest that is shown in the protection of property and the comparatively little value that is attached to the health of the people in the recent Act—'The Contagious Diseases Animals Act 1878.'

"As regards the laws which are in force for the protection of the health of cattle, which may be looked upon as property, I have nothing to complain; but as a health officer I may express my surprise that similar laws to those which are now in force respecting disease in cattle are not enacted to prevent the spreading of infectious and contagious diseases among the people. At present there is no general law in force to compel persons, who may become acquainted with the existence of an infectious disease in a dwelling-house, to give notice of the same to the Sanitary Officer. . . .

"Surely it is more important to protect the lives of the people than to protect from loss the dealers in cattle; but until the care of public health is considered to be of more importance than the care of property, little improvement in the laws relating to health can be expected."

"The preference which is given by our law makers to the protection of the supposed vested rights of property above that of public health is likewise shown by the rejection of the several Building Bills for the amendment of the Building Act.

"The opinion of the House appeared to prevail that 'a man has a right to do what he likes with his own, as regards the building of as many houses as can possibly be packed together on his own land, without taking into consideration the health of the people who are to inhabit them, or the health of those in the immediate neighbourhood.' So long

as the Building Act as regards open spaces at the rear of houses remains unaltered, so long will unhealthy houses continue to be built."

Some of the more capable of the Medical Officers of Health in their reports did not content themselves with mere tables of the births and diseases and deaths in their parishes, and a narrative of the principal incidents in their work during the year, but pointed out the defects in the laws, and made suggestions as to the best ways of coping with some of the great sanitary evils daily confronting them.

Based upon actual experience, their views and suggestions were entitled to great weight, and were often of very great value.

One point, and that the most important of all, finds expression in the reports of more than one of them, namely, that the administration of many of the health laws should be compulsory instead of permissive, and that merely declaring a law compulsory without providing the means for making it compulsory was of little use.

What was wanted in London was a real central authority which should have power to make the local authorities carry out the orders of Parliament. This did not exist, for the Metropolitan Board of Works had no such powers, and the Vestries and Districts Boards were independent local governing authorities acknowledging no master and free to obey or disobey Acts of Parliament just as they pleased.

"It has been one of the great faults of our sanitary arrangements and legislation for London," wrote the Medical Officer of Health for St. James' in 1872, "that the metropolis has not been regarded as a whole, and that through the ignorance, or carelessness, of one District or Local Board the whole of the others may be put in peril."

. . . . .

"It is impossible, with our present municipal machinery, in London, at any rate, to exercise all that power which is necessary for the prevention of the spread of infectious diseases."

And the Medical Officer of Health for Whitechapel in 1873 wrote :—

"If any alteration is made in the constitution of the Metropolitan Board of Works it would be desirable to add to its functions that of a sanitary supervision over the whole metropolis."

And in 1881 the Medical Officer of Health for Kensington wrote :—

"London is grievously in need of a Central Sanitary Department to establish something like unity in the sanitary arrangements of its 39 divisions. . . . Every other large centre of population has but one sanitary authority."

Though much more time, thought, and labour, were being devoted than ever before to matters relating to the public health, and with very beneficial results, one matter appeared to be quite unaffected thereby, for none of the great measures of sanitary improvement which had been carried out since the central and local authorities had come into being seem to have had any effect during the 1871–80 decade upon infantile mortality.

If anything the figures appear higher. In St. George-in-the-East in 1871–2 the deaths of children under five years were 51 per cent. of all the deaths.

In Mile-End-Old-Town in 1872–3, out of a total of 2,200 deaths, 1,087, or practically 50 per cent., were deaths of children under five, a mortality which evoked the comment from the Medical Officer of Health :—

"Apart from congenital causes, a large majority of these young lives would, under conditions more favourable to existence, be preserved. . . . It is certain that the present generation of London children is physically degenerate."

And a year later he wrote :—

"I consider about two-thirds of the infantile mortality attributable to neglect, improper feeding, impure air from overcrowding, and general bad management through ignorance and carelessness of parents and nurses."

In Kensington, away in the west, the average annual infantile mortality over a period of ten years—1863–73—was 42 per cent. of the total deaths.

The Medical Officer of Health for Whitechapel wrote (1873) :—

"There must be something very wrong in the condition of the people when we find that out of all children born about one-fifth die before they are one year old, and one-third before they are five."

In the north part of his district in the quarter ended December 28, 1872, the rate of mortality of children under five was 61·1 per cent., whilst in the quarter ended September, 1873, in Goodman's Fields the rate was 72·4 per cent.

In St. George-the-Martyr, Southwark, in 1873–4, of 1,256 deaths 694 (=55·3 per cent.) were under five.

In the same year the Medical Officer of Health for Paddington wrote:—

"In taking fifteen streets typical of the ordinary condition of the dwellings in which the working-class reside, I find the annual proportion of deaths under five ranges from 41 to 75 per cent. of the total deaths. . . .

"The deaths from all causes in eighteen such streets varies from 21·7 to 50 per 1,000."

The Medical Officer of Health for Limehouse wrote in 1874:—

"As usual we find that of 1,000 deaths more than 500 are those of children under five."

Two years later it was 53 per cent.

Nor was it only in the central parts of London that the infantile mortality was so frightful. In Wandsworth, the mean annual rate during the years 1865–74 was 49·6 per cent.

The infantile death-rate did not diminish as the decade proceeded. In Islington in 1875–6 the infant mortality was "much about the same" as it had been twelve years previously.

In Kensington it had increased to 46·3 in 1878; in St. George-the-Martyr to 57·7 per cent.; in St. Pancras in 1877–8, of 5,068 deaths, 2,212 (or 45·6 per cent.) were of children under five.

The Medical Officer of Health for Poplar wrote (1877–8):—

"The deaths of children under five years have been more

than half the total of deaths—truly a 'massacre of the Innocents.'"

The Medical Officer of Health for Islington wrote (1880):—

"The number of deaths of children under one year is still painfully large. . . . Children seem to be born for little else than to be buried."

Passing from record to comment, there are some striking passages in the reports of the Medical Officers of Health.

Thus the Medical Officer of Health for Paddington wrote:—

". . . Of infantile mortality one is tempted to ask whether the provision of so much life, such a prodigality of being, to be followed so soon by an almost Pharaoh sacrifice of it, is necessary to the multiplication of the race."

And the Medical Officer of Health for St. Marylebone (1877):—

"It is sad, and in a sanitary point of view, humiliating to contemplate, that for every three children born in Marylebone, one dies before reaching the age of five years; 'tis true that in this respect Marylebone stands in no worse position than other large parishes in the metropolis, nor so bad as in the majority of them, but the knowledge of this fact will, I apprehend, afford but slender consolation to those who know from experience and daily observation that hereditary diseases, habitual neglect, unwholesome dwellings, together with other preventable causes, are largely concerned in the sacrifice of infant life."

And the Medical Officer of Health for Rotherhithe (1881):—

"Whilst the houses' drain-pipes, from defective construction and workmanship, and want of being cut off from the main sewer, act as much as sewer ventilators as channels for removing filth . . . whilst overcrowded houses and foul smells in living and sleeping rooms are taken as a matter of course; whilst infectious disease is sedulously propagated first by concealment, and then by criminal exposure and neglect, . . . so long the yearly recurring Herodean

massacre of helpless children, whose almost sole use in life appears to be the providing of fees for doctors and undertakers, will continue, in spite of all efforts of sanitary authorities and sanitarians."

The evil done, however, by bad sanitary conditions was not limited to the children who died. Probably ten or twenty times the number of those who died went through the illness and survived—but of those many were injured in constitution for life.

In other respects, however, sanitary progress was being made, and slowly but steadily the conditions of the health of the public were improving. Undoubtedly the main causes of that progress were the great system of main drainage and sewerage which had relieved London of the incubus of enormous accumulations of the deadliest filth in its houses, and of an open main sewer through its midst; and the greater quantity, and improved quality, of the water supplied for household consumption which relieved her inhabitants from the necessity of drinking liquid sewage.

And the construction of sewers in nearly all the streets, and the substitution of an effective system of house drainage instead of the abomination of cesspools, was also a great stride to improvement.

Since 1856 plans for the construction of a total length of nearly 1,000 miles of local sewers had been submitted to the Metropolitan Board for their approval, many of them being in substitution of old and shallow ones for which the Board's new main and intercepting lines afforded the means of improving the gradient and outlet.

In their report for 1881 the Metropolitan Board of Works gave "a brief summary" of what it, as the Central Authority, had accomplished since 1856.

"There was the great main drainage work which had cost about five and three-quarter millions, an undertaking which 'although fruitful of good results, and of greater magnitude than anything of a similar kind that had previously been accomplished, has left, as might be expected, few visible marks of its existence.'"

It is rather the Thames embankments and broad new streets which remind the inhabitants of London of the great changes and improvements that the Board's operations effected.

"On the north side of the Thames, from Blackfriars to Westminster, and from Grosvenor Road to Battersea Bridge, and on the south side, from Westminster to Vauxhall, embankments have been made which, whilst reclaiming from the river a considerable extent of ground, have substituted for the unsightly and offensive mud banks that formerly prevailed, handsome river walls, with broad and commodious thoroughfares, relieved and ornamented by public gardens. New streets have been made, some of the principal of which are Queen Victoria Street, Southwark Street, Northumberland Avenue, Commercial Road, and the new thoroughfare from Oxford Street to Bethnal Green; many other leading thoroughfares, which had become inadequate for the increased traffic of the present day, have been widened and improved, greatly to the convenience and comfort of the public; and liberal grants of money have been made by the Board to the authorities in aid of the cost of smaller street improvements which have not been of sufficient extent or importance to be carried out by the Board.

"Two new parks have been provided, in districts previously unsupplied with such places of needed recreation. Public gardens have been laid out and are maintained in the neighbourhood of dense populations; and suburban commons, to the extent of about 1,500 acres, have by the action of the Board been secured in perpetuity for the undisturbed enjoyment of the public.

"Many areas formerly covered with dwellings unfit for human habitation have been cleared, under the operation of the Artizans' and Labourers' Dwellings Improvement Act, and the ground let to societies which have undertaken to build, and in some cases have built, improved dwellings, in which the humblest class of the working population can live with health, decency, and comfort."

These and many consequential improvements, and the

better paving of the streets, and the better cleansing of streets, places, and yards, the more rapid removal of filth from London, had made the general conditions of life much less unwholesome.

The work, too, being done by the Metropolitan Asylums Board was greatly diminishing the dangers of infection in the metropolis, as well as restoring to life and health thousands who would otherwise have fallen victims to disease.

And by "The Poor Law Act, 1879," the Vestries and District Boards were authorised to enter into contracts with the Board, for the reception and treatment of infectious sick who were not paupers, thus in a measure depauperising the Metropolitan Asylums Hospitals.

And a very large amount of most valuable work was done by the Port Sanitary Authority; in the year 1879-80 over 15,000 vessels of all classes having been visited and inspected, the infectious sick removed, and disinfection carried out.

Writing of the year 1877 the Registrar General said:—

"London maintains its position as the healthiest city in the world. During the past year its prosperity was indicated by a birth-rate above the average of the preceding 10 years, while a remarkably low death-rate bears testimony to the success which has attended the efforts that have been made during the last half of a century to promote the public health and safety."

Among the public authorities from which much might have been hoped in the way of improving the public health of the inhabitants of London was the School Board. The Board stood in an exceptionally favourable position for moulding the physical constitution of hundreds of thousands of children and of successive generations, but education appeared to have almost excluded the consideration of health.

In 1871 the Board resolved "that it is highly desirable that means shall be provided for physical training, exercise and drill in public elementary schools established under the Board." But beyond this, little if anything was done, and even it was not made applicable to the girls. And no Medical Officer was appointed, and no systematic means

organised for the prevention of the diffusion of diseases by the schools. Indirectly, however, good results were flowing from the schools. The attendance of the children at the schools took them out of their overcrowded tenement-homes for several hours in the day; their playgrounds afforded better means of exercise; the cleanliness expected of them raised their ideas as to cleanliness; the supervision over them was of great use in improving their conduct and character, all helped to improve their physical condition. But how infinitely greater the improvement might have been, not merely at the time but to the rising generation, if the School Board had given greater attention to this branch of the children's welfare. About 230,000 children were in attendance in the Board's Schools in 1880.

The really encouraging feature of the general position was that a larger section of the public was taking an interest in matters relating to the public health.

In Battersea, wrote the Medical Officer of Health (1881):—

"Much assistance is now derived from the general public, who are more alive to the necessity of sanitary measures than at any previous period."

The Medical Officer of Health for St. George-the-Martyr, Southwark, reported:—

"The health of the people occupies the thought and consideration of an ever-increasing number," and he quoted the declaration of the head of the Government that "the sanitary question lies at the bottom of all national well-being."

The Medical Officer of Health for North Poplar stated that—

"Gradually the labouring portion of the population, which so largely outnumbers the remainder with us, is becoming educated to the fact that they must neither breathe air, drink water, nor take food, polluted by filth."

But, as a whole, public opinion was more or less inert.

"The apathy of the public in matters of health is truly lamentable."

Nor was all the apparent progress as genuine as appeared

on the surface. The Medical Officer of Health for St. Mary, Newington, in his report of 1874 disclosed this material fact.

Writing of some Returns which he had prepared of sickness in seventeen years, he said:—

"In the period we have seen the end of many fever haunts. We have seen hundreds and hundreds of the old tenements removed and new abodes raised in their stead; but with it, alas! we have seen all the defects of new buildings, all the defects of badly laid drains, all the evils of work ill done, its dangers too often not capable of recognition until sickness and death forced the discovery. We have seen too often in the new houses defects of ventilation, of construction, of drainage, and of overcrowding: we have seen many an evil allowed by law, and over which we cannot extend our sanitary rules. We have also to contend with the indifference, the carelessness, the blindness of the people themselves—intemperance and crime stand in our way. . . ."

But in 1881 he wrote: "Sanitary work has borne fruit."

The progress of sanitation is almost necessarily slow.

"There is not," wrote one of the Medical Officers of Health, "a more difficult task than that of carrying out sanitary reform, for although every one agrees that sanitary laws should be put in force, they are greatly objected to when they interfere with one's self."

And another wrote:—

"Nuisances crop up, are removed, and re-appear. *It is a continuous warfare due to many causes*, such as carelessness and wilfulness on the one hand, and accidental circumstances on the other."

And another:—

"The sanitary labours of your officers increase year by year as the population becomes denser, and the need for sanitary precautions grows more urgent."

And underneath all was the view expressed by the Medical Officer of Health for Islington (1881):—

"I fear the public have not even yet learned to regard health as a matter of infinitely greater moment than rates and taxes."

How far-reaching were the effects of disease was admirably set forth by Dr. Simon :—

"I do not pretend to give any exact statement of the total influence which preventable diseases exert against the efficiency and happiness of our population, for it is only so far as such diseases kill, and even thus far but very imperfectly, that the effect can be reported in numbers. Of the incalculable amount of physical suffering and disablement which they occasion, and of the sorrows, and anxieties, the permanent darkening of life, the straitened means of such subsistence, the very frequent destitution and pauperism which attend or follow such suffering, death statistics testify only in sample or by suggestion." *

Few people realise the infinite importance of health to a great community.

As one of the Medical Officers of Health truly wrote :—

"It is a question whether the greatness of countries will not in future to a very large extent depend upon the standard of public health."

One of the very best and most experienced of the men who held the responsible office of Medical Officer of Health during the last half century—Dr. Bateson, the Medical Officer of Health for St. George in Southwark—in his reports often dwelt upon this aspect of the subject :—

"The only true and lasting foundation upon which the glory and safety of a nation can be built must be upon the cultivation of the moral and physical powers belonging to man."

" . . . The quality of a race is of far more importance than the quantity."

"Health to the majority of the population is their only wealth ; without it they become pauperised."

"The welfare and safety of this country need a healthy, stalwart race of men—men who can labour and endure."

And in his last report (1878), after twenty years' service as Medical Officer of Health, he quoted the Prime Minister (Lord Beaconsfield) as saying :—

"The health of a people was really the foundation upon

* J. Simon, vol. ii., 1874.

which all their happiness and all their powers as a state depended. If the population of a country was stationary, or that it yearly diminished, or that whilst it diminished it diminished also in stature and strength, then that country was ultimately doomed."

"Nothing," said Dr. Bateson, "could be more solemn and emphatic."

"For the success and permanence of national existence a high standard of health is absolutely necessary. To maintain in its integrity the vast power which England now wields, and to retain the high position which she now holds will depend upon the nation's health."

Before considerations such as these, how lamentable the blindness of those who could not see that even a measurable expenditure in health matters would have been productive of immeasurable benefits; how reprehensible the conduct of those who refused to administer laws which it was their duty to administer, and the administration of which would have been of inestimable value to their fellow citizens; and how disastrous their studied inaction to the great metropolis, and through it, to the nation itself.

CHAPTER V

1881–1890

THE census of 1881 showed that the population of London was 3,816,483 persons—an increase this time of well over half a million of persons in the decade.

In the central parts of London, with the single exception of Clerkenwell, the resident population continued to decrease. In the City, the decrease was nearly one-third; in the Strand nearly a fifth, and the parish of St. George, Hanover Square, was now added to the list of those on the decline.

In the East, in Whitechapel, Shoreditch, and St. George-in-the-East, the population had declined, whilst in Bethnal Green the increase had been at a much slower rate. But Mile-End-Old-Town, where there had been a good extent of unbuilt-on ground, had added over 12,000 to its population; and Poplar over 40,000.

In the North, with the single exception of St. Marylebone, all the parishes showed increases; Hackney, the great increase of over 60,000, and Islington the still larger one of nearly 70,000.

In the West, there were large increases in Paddington and Chelsea, in Kensington an increase of over 42,000, and in Fulham over 48,000. In the parishes nearer the centre—St. George, Hanover Square, St. James' (Westminster), and Westminster, the population had decreased.

On the south side of the river, with the exception of the parishes of St. Olave, and St. Saviour—both in Southwark, and near the City—every parish or district showed an increase. Notably was this the case in Camberwell, where

the increase was 75,000, and most remarkable of all, Wandsworth, where the huge increase of over 85,000 persons was recorded.

Thus the movements of population were shown by this census of 1881 to be very much on the same lines as those in 1871—a diminution in the central parts, and increases of various magnitudes in the outer parts.

Interesting information was once more given as regarded the constituent parts of the population.

It was shown that of the residents in London in 1881, the proportion of persons born in London was practically the same as in 1871. Of every 1,000 inhabitants in London, 628 were born in London, 308 in the rest of England and Wales, 13 in Scotland, and 21 in Ireland—the rest elsewhere.

The flow of people from the country to London was thus continuing at much the same rate, and the metropolis was still being fed with labour at the expense of the agricultural districts.*

"A contingent untrained in the pursuits of town life" was thus annually thrown upon the labour market of London. But they imported a fresh strain of healthy country people into the constituent elements of the town population, and helped to stay part of the deterioration which necessarily ensued from the insanitary conditions of life in London.

As to the causes of the shifting of the population in London, the same story continued to be told by the Medical Officers of Health.

Thus the Medical Officer of Health for the Strand wrote (1882–3) :—

"The material decrease in population is largely connected with the gradual transition of houses from residences into business premises, the construction of new and wider

* To the then existing population of London.

The South Eastern Counties contributed close on				290,000
,, South Midland	,,	,,	,,	,, 249,000
,, Eastern	,,	,,	,,	,, 196,000
,, South Western	,,	,,	,,	,, 168,000
,, West Midland	,,	,,	,,	,, 95,000

thoroughfares, and the erection of public buildings, combined with the resulting consequence inevitably associated with such changes, a considerable augmentation in the rental or annual value of house property."

In St. James' (1882)—

"The large decrease of population (3,754 in last decade), coupled with the fact that the rateable value still has an upward tendency, clearly shows that the character of the parish is undergoing rapid change—offices, warehouses, and clubs taking the place of residences as the centre of trade continues to increase and move westward, and greater facilities are afforded for business men to live in the suburbs."

Some of the Medical Officers of Health were perturbed by the class of persons coming into their district. Thus the Medical Officer of Health for Whitechapel drew attention to the fact that of the 70,435 people in his parish no fewer than 9,660 were foreigners, mostly Russian and Polish Jews. Others of them were feeling anxious under the ever increasing numbers.

The Medical Officer of Health for Paddington wrote (1881) :—

"Occupying, as the population of Paddington does, a limited area with definite boundaries which do not admit of extension, a continually increasing population can only mean a continually increasing complexity of the problems of sanitation."

Upon one most interesting point as regarded the influx of population into London the Medical Officer of Health for Lambeth threw some valuable light.*

"The evil of overcrowding is aggravated by causes which derive their origin from the effects of that condition itself. A lowered standard of health, always the accompaniment of close building, is a factor in the further increase of pressure in an already congested district. An unsatisfied demand in the labour market for physical strength is a necessary outcome of that quality in the district affected. Muscle and

* The report was made in 1887, but was as true in 1881 as it was in 1887.

bone in such a locality is at a premium, and that which cannot be supplied in its full development from within must be sought and obtained from without."

"Here, then, is a vicious circle of concurrent cause and effect. Overcrowding is the cause of physical weakness: physical weakness results in an unsatisfied demand in the labour market: the unsatisfied demand is the cause of an influx from without: again that influx results in overcrowding."

Once, then, that the influx of the physically strong began to diminish—the element which had contributed most to the maintenance of the physical vigour and health of the population of London—it was evident that deterioration would ensue, and the only means of counteracting that result was to improve to the utmost possible the sanitary conditions in which the people lived.

The census of 1881 is remarkable as being the last to show an increase of country-born immigrants into London. That tide was soon to begin to ebb.

The immigrants, however, were far from being all of a desirable character.

The Medical Officer of Health for Camberwell pointed this out:—

"A considerable percentage of our population is composed of persons whose natural tendency is to grovel—beggars, thieves, prostitutes, drunkards, persons of feeble intelligence, persons of lazy and improvident habits, and persons who (like too many of the poor) marry or cohabit prematurely and procreate large families for which they are totally unable to provide; and such persons gravitate from all quarters to large towns and there accumulate. . . . A large town like London will always attract undesirable residents."

With the increasing population the number of houses in the metropolis increased also.

From 418,802 inhabited houses in 1871 the number had gone up to 488,116 in 1881, and the same tale was told as to the crowding of houses on the land as in previous years.

The Medical Officer of Health for Bethnal Green (1880) stated that in his parish most of the available ground was already fully built over. The Great Eastern Railway Com-

pany, the School Board for London, and the Metropolitan Board of Works, were largely demolishing small house property. "If this sort of thing goes on much longer," he wrote, "it looks very much as if London in a few years would become a huge agglomeration of Board Schools, intersected by railways and new streets."

The correct record of the population enabled once more an accurate death-rate to be calculated. The death-rate, which had been 24·6 per 1,000 in 1871, had fallen to 21·3 in 1881.

That was most gratifying testimony to the good results following the sanitary work carried out, under many difficulties, in London, and an encouragement to perseverance.

The vital subject of the housing of the huge masses of the people of London was, during all the earlier years of this decade of 1881–90, uppermost in the minds of those who were solicitous for their welfare.

The Act of 1879 had done but little to help to a solution of the tremendous problem.

A short experience of it, and of "Cross's" Housing Act, had shown that instead of "owners" being visited with heavy penalties for their iniquities, they were being actually rewarded. In fact, they secured under these Acts not only a full, but an inordinately high compensation for their property—regardless of its infamous condition—and the ratepayers of London were mulcted in large sums to pay them for it.

"I desire," said the Medical Officer of Health for Hackney in 1883, "to express a very strong opinion that it is most unfair to the ratepayers that they should be compelled to pay for uninhabitable property which has been allowed by the owners to get into a dilapidated state for want of substantial repairs such as cannot be required under the Nuisances Removal Acts. . . ."

The first scheme which was initiated by the Metropolitan Board in 1875 was only completed at a net cost of £151,763, which sum had to be borne by the ratepayers of London; though why they should have been made to pay for the "owners" neglect which had led to the evil conditions of

his property is not very clear, except that Parliament willed it so.

By 1882 the total number of insanitary areas dealt with by the Metropolitan Board, or in process of being dealt with, was fourteen. The houses in these areas had been inhabited by 20,335 persons in 5,555 separate holdings, 3,349 of which consisted of one room only.*

They were acquired by the Board at a cost of £1,661,000. Parliament had imposed upon the Board the obligation to provide accommodation for at least as many persons of the working classes as were displaced by the destruction of the houses on these areas. As the Board were not empowered to undertake the building of the houses in which to re-accommodate the displaced persons, the sites, after having been cleared, had to be sold to persons or companies, who were put under the obligation to erect workmen's dwellings thereon; but inasmuch as the land had been bought at its value for commercial purpose, which was far higher than its value for residential houses, this Parliamentary obligation entailed upon the Metropolitan Board, and through them upon the ratepayers of London, an enormous loss.

The Goulston Street scheme in Whitechapel, for instance, was acquired at a cost of £371,600. When sold, under the conditions imposed by Parliament, it realised only £87,600; and the Whitecross Street scheme (in St. Luke's), which cost £391,000, when sold realised £76,350.

The whole of the transactions, so far, resulted in a net loss to the Metropolitan Board, or in other words, a net charge upon the ratepayers of London of over £1,100,000.

As Mr. Chamberlain described the result, in an article he contributed to the *Fortnightly Review* of December, 1883:—

"Torrens' and Cross' Housing Acts are tainted and paralysed by the incurable timidity with which Parliament . . . is accustomed to deal with the sacred rights of property. . . .

"The individual wrong-doer is to remain unpunished—retribution for his sins is to be exacted from the whole community."

* See Report of Select Committee, 1882, p. v.

The enormous cost of carrying the Acts into effect stayed the hand of the Metropolitan Board, while the length of time, stretching out into years, required for the various proceedings, militated against the success of the schemes so far as providing residences for the displaced people.

An example of the working of the Act was described in 1883 by the Rev. S. A. Barnett.*

"In 1876 the dwellings of 4,000 persons in this parish (Whitechapel) were condemned as uninhabitable, and the official scheme for their demolition and reconstruction was prepared. During the next four years the 'scheme' ploughed its course through arbitration and compensation with a puzzling slowness.

"It was indeed a 'killing slowness,' for, during all those years, landlords whose claims had been settled spent nothing on further repairs; tenants, expecting their compensation, put up with any wretchedness; while the Vestry, looking to the approaching reconstruction of the houses, let streets and footways fall to pieces. It was not until 1880 that the needful demolition was seriously begun. Since that date the houses of some thousands of the poor have been destroyed."

And then he described the slowness of the reconstruction, and added:—

"Such is the seven years' history of the Artizans' Dwellings Act in a parish under the rule of the Metropolitan Board of Works."

He expressed his opinion that the prime source of the evil was not in the law, but in the local administration; but the complications of ownership, the endless legal difficulties and formalities, the numerous arbitrations, necessarily consumed years of time before the land could be cleared for building, and then the actual building of the new houses was by no means rapid.

The mode of procedure was attended with such difficulties and disadvantages, and the administration of the Acts so clogged, that a Select Committee of the House of Commons was appointed and sat in 1881, and again in 1882, to inquire into the causes of the want of success, and to consider in

* *Times*, 20th November, 1883.

what way the law might be further amended so as to make it really workable.

The condition imposed as to re-housing, and which was so rigorously insisted on, did not by any means achieve the desired result.

According to Mr. Lyulph Stanley* in 1884: "Not one single person of all the poor displaced in the carrying out of the Gray's Inn Road improvement, powers for which were obtained in 1877, had been re-housed by the Board."

The Medical Officer of Health for Whitechapel, in his evidence in 1881, also showed that many of those in the houses which were to be pulled down were not working men at all.

"Many of the people do not come into the Whitechapel District for the purpose of getting employment. They have other motives; they come from all parts of the country; a great many are tramps, and come up for the purpose of begging, some for stealing, and some to obtain the advantage of the charities which exist in London, and many of them to get out of the way and hide themselves."

By this time, moreover, the possibilities of getting accommodation further afield was beginning to come into view.

"With the facilities for coming by the early trains and the various tramways that we have now at a cheap rate, the rents of many of the inhabitants of Whitechapel would not be increased by moving from it."

That the obligation to re-house was imposed alone upon the public authorities and upon railway companies was rather inequitable. In many districts the destruction of houses, and the unhousing of the inhabitants, was carried out on a far larger scale by private owners, and no such obligation was imposed upon them. The policy, therefore, was decidedly onesided, and was very costly to the ratepayer who was in no way responsible for the proceedings of the private house-owner who had caused all the trouble.

The Committee reported in June, 1882. They expressed their opinion that—

* See his speech in Parliament, Hansard, 1884, vol. ccxc., p. 529.

"Nothing would contribute more to the social, moral, and physical improvement of a certain portion of the working classes than the improvement of the houses and places in which they live."

They stated that "very great hardship would often follow if the provision for the replacement in or near the area of displacement were wholly done away with."

"The special calling of many of the work people, the hours of their work, the employment of their children, the maintenance of their home life, the economy of living together in a family, the cheapness of food owing to the nearness of the great evening markets, &c., render it very desirable that a large portion should be enabled to re-house themselves in or near their old houses of living, and if no fresh dwellings be provided the evils of overcrowding will at once increase.

. . . . .

"Still, it is equally true that these observations do not apply to the whole population. Many without any special calling may live in one place as well as another. The facilities of transit recently offered by cheap trains, by boats, by tramways, &c., have enabled many to live in the suburbs who can do so consistently with their calling."

"Your Committee are of opinion that the existing law, which requires that the improvement scheme shall provide for the accommodation of, *at the least, as many persons* of the working class as may be displaced, may be relaxed, and that the accommodation to be required should vary from half to two-thirds."

As a matter of fact very few, if any, of the families thus dispossessed returned for the purpose of occupying the new buildings.

Indeed one witness * said that—

"Neither the Peabody Trustees, nor—more or less—the other Artizans' Dwellings Companies would take in the class of people who had been displaced."

The Committee called attention to the importance of favouring in every way facilities of transit between the

* Robert Reid (a Surveyor), p. 805.

metropolis and its suburbs by an extension of cheap workmen's trains.

And they also recommended that—

"All existing sanitary legislation should be more fully enforced, especially in those parts of the suburbs where buildings are so rapidly springing up."

A Bill was at once introduced into Parliament, the object of which was to lay down such rules for estimating the value of the premises to be purchased as would prevent the owners of insanitary property obtaining an undue price for it—"the intention of Parliament being that the owner should not gain by having allowed his property to fall into an insanitary state."

It was passed, and as an Act it further empowered the Secretary of State, under certain circumstances, to dispense with the obligation of re-housing the people to a greater extent than one-half of those displaced.

Into the detailed intricacies of many of these Housing Acts it is really useless to enter; and the enumeration of the details tends to obscure the broad and essential features of the whole subject.

In the effort of the "owners" to repudiate the responsibility for their or their predecessors' infamous neglect, and to shift the blame for the appalling state of affairs on the middlemen and the occupiers; in the effort of the middlemen to evade their responsibilities by availing themselves of every obstructive device the law so lavishly placed at their disposal, and of both of them to extort the utmost amount of money they could for their disease-begetting, death-distributing property; the unfortunate occupiers were the immediate sufferers and victims, and a huge wrong and injury was inflicted upon the community.

It was mere tinkering with the subject to pass an Act removing some petty technical difficulties for putting some previous and very limited Act in force, and to diminish the expense and delay in carrying out the Act.

It was farcical to amend the Standing Orders of Parliament, fixing twenty instead of fifteen as the minimum number of houses in any one parish which could be acquired by the

Metropolitan Board without preparing a re-housing scheme, as if that would revolutionise the condition of the housing of the people of London, and yet something not far short of revolution was required if the housing of the people was to be reformed, and put on a proper sanitary basis.

It is manifest that what was being dealt with by these Acts was only a fragment of the great housing question, and that such destruction of insanitary buildings as could possibly be effected by these means would amount to but a fraction of those unfit for human habitation in London, and would not touch the thousands of inhabited houses in every parish of London which were insanitary in varying degree, and dangerous to the individual and public health. It is clear, too, that if the insanitary conditions of the housing of the people were to be dealt with on a large scale, and with success, measures must be taken to secure the sanitary condition of the houses which such legislation did not touch. Otherwise general improvement was impossible, and existing conditions must continue indefinitely to flourish, and to produce their inevitable and enormous crop of deadly evil.

How urgent was the need for reform in some parts of London may be gauged from the description of the condition of things in Bethnal Green in 1883, given by the Medical Officer of Health of the Parish:—

"The portions of the district I have examined include nearly 2,000 houses.

"I have visited and carefully examined almost every one of these houses, and I must confess that a condition of things has been thereby revealed to me of which I had no previous conception, for I do not think I visited a single house without finding some grave sanitary defect; in a very large number the walls of the staircases, passages, and rooms are black with filth, the ceilings are rotten and bulging, the walls damp and decayed, the roofs defective, and the ventilation and lighting most imperfect.

"The dampness of the walls is in some instances due to defects in the roof, but in many the moisture rises from the earth owing to the walls being constructed without any damp-proof course. . . .

"In almost every house I visited I found the yard, paving, and surface drainage, in a more or less defective condition, a quantity of black fœtid mud having accumulated in places."

And all this was nearly thirty years after Bethnal Green had been endowed with a local sanitary authority.

Returns given occasionally by the Medical Officers of Health revealed the appalling state of insanitation in which people still lived; streets where in nearly every house nuisances dangerous to health were found to exist; a "Place" in St. Pancras where the death-rate in 1881 had been 57 per 1,000, or 2½ times as much as that for London; a "Place" in St. Marylebone with 22 six-roomed houses, where the births were less in number than the deaths, and the existing population were extinguishing themselves. And overcrowding had increased in many parts of the metropolis, and some of the Medical Officers of Health had come to regard it as inevitable and impossible to prevent.

The reports of the Select Committees of 1881 and 1882, and the outbreak of cholera in Egypt in 1883 which awakened apprehensions of its spread to England, quickened public interest in the sanitary condition of the metropolis, evoked a stronger expression of public opinion upon the existing evils, stirred up lethargic Vestries and District Boards to some special show of activity, and awakened the Local Government Board, and brought it into the field as an active inciter of the local sanitary authorities to adequate efforts to improve the sanitary condition of the people, and to grapple with the terrible problems of insanitary dwellings, of overcrowding, and the consequent physical misery and degradation of hundreds of thousands of the people.

The position of affairs had become clearer than it had ever been before, and its magnitude and importance was beginning to be appreciated, and the iniquities which were being allowed, and the evils which were tolerated, were coming more into the light of day and were being better understood and realised. Though in many ways there had been progress and improvement, yet in many others, of the

most vital consequence, it was evident things were scarcely moving at all.

It was now manifest that at the rate the demolition of slums and the re-housing of the people could be carried out, a very great length of time must elapse; so great that the remedy must be of the slowest, whilst, by itself, it would be wholly inadequate; and it was beginning to be realised that many of the local authorities, instead of administering the laws they were charged by Parliament to administer, were even obstructing and opposing sanitary reforms.

Once again the alarm of cholera woke up the Vestries, and some of the recorded results of such wakening are an illuminating exposure of the normal state of inaction on their part, and of the chronic insanitary condition of their parishes not revealed at other times.

In Westminster:—

"In anticipation of cholera a thorough inspection by a house-to-house visitation through the whole of the united parishes has been undertaken. Naturally many defects were found, and directions given as to what was required. The work has been completed and I consider that the parishes are now in a very satisfactory condition."

In Poplar, 2,114 houses were inspected, of which only 334 were found to be in good order.

In Lambeth, six men were engaged temporarily for the purpose of a special inspection.

"11,493 houses were visited; 5,594 required sanitary improvements. . . . In many houses several defects were reported, bringing up the total of sanitary improvements to 12,014."

In Bermondsey, no fewer than 5,992 notices were issued for the execution of sanitary works which were required.

The Sanitary Act of 1866 had enacted that—

"It shall be the duty of the Nuisance Authority to make, from time to time, either by itself or its officers, inspection of the district with a view to ascertain what nuisances exist calling for abatement under the powers of the Nuisances Removal Acts, and to enforce the provisions of the said Acts in order to cause the abatement thereof."

But by many Vestries the duty had been either entirely neglected or very imperfectly performed.

The Medical Officers of Health were unceasing in pressing upon their employers the necessity of inspection.

"It is only by the constant inspection and re-inspection of property inhabited by tenants of this class (tenement-houses) that the houses can be kept in decent sanitary condition," wrote the Medical Officer of Health for Bethnal Green.

"My opinion of the value of regular house-to-house inspection throughout the year," wrote the Medical Officer of Health for Poplar, "is more confirmed than ever, and that such is needed for the proper sanitary supervision of the district."

"It is by constant inspection," wrote another Medical Officer of Health, "that the Vestry can best do its duty in preserving the lives and health of its parishioners."

"Facts are stubborn things," wrote the Medical Officer of Health for St. Mary, Newington, after 28 years' sanitary work himself, "and they clearly demonstrate the necessity for a continual supervision of the dwellings of the poor (more especially) and for as constant an attack on all removable insanitary conditions. This after all is the real work to be done."

But the Vestries and District Boards paid little heed to this advice.

Naturally, inspection was not welcome to sanitary defaulters or misdoers; naturally, the light of the sanitary policeman's lantern into the dark places of slum-owners and 'house-knackers' was resented. It was an invasion of the rights of property, of the privacy of an Englishman's home, even if he did not live in that home himself, but let it to somebody else to live in. "Why should not a man do as he liked with his own?"

And so, as inspection was, from the house "owners'" point of view, an unpopular thing, too much money was not spent by Vestries upon Sanitary Inspectors' salaries, and even in the best inspected parishes or districts the portion inspected was small indeed compared with the whole of the

parish or district. How much was left undone, and left undone for years, was proved over and over again by whole areas being represented by their Medical Officers of Health as insanitary, or by their having to shut up houses as unfit for human habitation.

The attempt made by Parliament in 1866—in the scheme embodied in the 35th Section of the Sanitary Act—to provide a remedy for overcrowding, and to secure the maintenance of a moderate standard of cleanliness and sanitation in the tenement-houses, had been an excellent one; and Parliament improved the scheme in 1874 by extending its scope. Almost the whole of the existing evils lay in these tenement-houses, for it was there where the great mass of the disease, filth, and misery of London was to be found, and there where the greatest overcrowding, and the deepest moral and physical degradation existed.

But with the few exceptions already described practically no use had been made of the powers.

"Vested rights in filth and dirt" had still too large a representation upon, and too powerful a grip of the local sanitary authorities for any action to be adopted which would entail trouble upon the possessors of those rights.

Some Vestries, for form's sake, had made regulations but never put them in force. A few had tentatively put them in force, and promptly dropped them. A large proportion of them did not take even that much trouble, but simply ignored them altogether; and so, some seventeen years after the Act was passed, the whole scheme had ceased to be operative, and was in complete abeyance.

In December, 1883, the Local Government Board, having realised the gravity of the situation, endeavoured to get the Vestries and District Boards to take action, but the Local Government Board could not compel them to make such regulations, as there was no power of compulsion, and there was no penalty for refusal to enforce or even to make them.*

The Vestries and District Boards were, in fact, masters of

* The regulations suggested by the Local Government Board laid down that the landlord or owner should not allow a greater number of persons to occupy a room than would admit of free air space for each of

the situation, and could act or not act, just as they pleased—and most of them did not act.

Various were the excuses made by the Vestries for doing nothing.

The feeling which prevailed in the Vestry of Clerkenwell was that—

"The regulations generally were of such an inquisitorial and troublesome character that they were unsuited to an Englishman's home. For instance, it was shown that in some cases even clergymen occupied lodgings which would be reached by these regulations."

And yet there were 4,700 houses in the parish to which such regulations would have been applicable, and where their application would have been of the utmost benefit to thousands of families. And from 1866 up to 1884 this power might have been, but was not used.

The Vestry of Bethnal Green was—

"Unanimously of opinion that it was unnecessary to make the regulations, and considered the existing powers sufficient."

The Vestry of St. George-in-the-East resolved—

"That whilst fully recognising the necessity of continuing to carry out with vigour the general sanitary laws, the Vestry did not consider it advisable in the present depressed condition of trade in the parish to incur the additional expense of enforcing special sanitary regulations for houses let in lodgings" (estimated to number above 4,000).

In Westminster, the District Board resolved that no further steps should be taken as regarded making or enforcing regulations, as the Board—

300 cubic feet—if used exclusively as a sleeping room—or 400 feet if used day and night.

He was to—

(1) Keep the drainage in good working order, to properly pave the yard, and provide sufficient sanitary accommodation.

(2) Keep the cisterns clean and in proper order, and keep the structure of ashpit in proper order.

(3) Cause the ceilings and walls of every room to be whitewashed and papered every April.

(4) Provide all requisite means for the ventilation of every room, and of the common passages and staircases thereof.

(5) To notify cases of infectious disease.

"Already possessed ample powers under existing statutes to enable it to deal promptly and effectively with such sanitary defects as the proposed regulations are intended to remedy"—a contention which, if true, threw discredit upon themselves, as there were thousands of filthy and insanitary abodes in that district which were not dealt with at all.

St. Pancras Vestry refused (1883) to make regulations, though its Medical Officer of Health had made more than one appeal to them to do so.

"I would beg to remind the Vestry that until proper regulations are made and enforced in St. Pancras for this class of houses, the Vestry have not exercised to their full extent the powers they possess for improving the condition of their poorer parishioners, and that the moral and physical welfare of those who are least able to help themselves is a question which concerns the Vestry as much, if not more, than any other it is their duty to consider."

And in the following year he wrote :—

"Upon the Metropolitan Sanitary Authorities rests a great responsibility, for it is absolutely within their power to insist upon all dwelling-houses being maintained in condition fit for human habitation, and they may, within limits, prevent overcrowding, which is no less disastrous to health than to morality.

"I have repeatedly recommended the Vestry to adopt regulations for houses let in lodgings, and have pointed out the power they would then possess for ensuring tenemented houses being maintained in proper sanitary condition. I would desire, in my last report, to urge upon them the further consideration of this subject."

There were doubtless difficulties in putting regulations such as these in operation—as, indeed, there are in putting all laws in operation—but two Vestries had put them most successfully in operation, and therefore the difficulties were not so great as those who were opposed to them insisted.

Some of the Vestries stated that they could equally well attain the same results under the powers of the Nuisances Removal Acts; but that was not the fact, for there many and considerable advantages in this form of procedure over

the procedure prescribed in other Acts relating to health and sanitation. Indeed, the Medical Officer of Health for Fulham declared (in 1884) that—

"This section gave almost all the legal power that could be wished for to place the dwellings of the poor in a proper sanitary condition."

And in the following year he wrote :—

"It will therefore in future be the fault of the Sanitary Authority if the dwellings of the poor are not kept as they should be."

The Medical Officer of Health for Camberwell, discussing the general aspect of the matter, wrote (1884) :—

"I cannot help remarking on the feebleness which constantly spoils the best intentioned sanitary legislation, and which is conspicuous in the enactments relating to houses let in lodgings.

"The Local Government Board have declared that certain enactments are in force, but they cannot compel the Vestries to frame any regulations of their own, nor even can they compel Vestries to carry out and enforce regulations which the Vestries have framed and the Board have sanctioned.

"Now I am one of those who think that by the judicious regulation of lodging-houses of certain kinds, and in certain localities, very much good might be effected, and much advantage would accrue both to the lodgers and to the public. But it is clear that it ought never to have been left to individual Vestries in a place like London, to adopt or not to adopt, the enactments referred to, simply according to their pleasure, still more that they should never have been allowed to frame inconsistent orders or regulations. . . .

"The opportunity (of the Act of 1874) might have been seized, not for giving an empty power to the Local Government Board, but for requiring the Metropolitan Board of Works to frame suitable regulations for the whole of the metropolis, which the Vestries might have been required to enforce as they are required to enforce other provisions of the Sanitary Acts."

A similar opinion was expressed by the District Board of St. Olave, Southwark, which, after stating that it had been

one of the first to make regulations, it had been found unnecessary or impracticable to enforce them, went on to say :—

"The fact of the enactment having been practically inoperative throughout the metropolis, . . . it was considered that it would be unjust to enforce stringent regulations in the district, while in other parts of the metropolis regulations might differ in principle, and be neglected in practice : and what the Board wanted to see was a system of sanitary regulations which should be strictly uniform throughout the metropolis, and in which there should be no option on the part of local authorities of enforcing or neglecting."

The explanation of this general inaction was the simple and obvious one that on those bodies there were many whose interests ran counter to the adoption of the Act, and what its adoption entailed ; the sanitary obligations, the annual lime-washings, &c., would entail expense ; they were not going to inflict the cost upon themselves or upon their friends if they could avoid doing so. And as they could avoid it, the great bulk of the local authorities deliberately ignored the remedy devised by Parliament, and with most reprehensible callousness let the evils go on and increase. But while they remained inactive, death and disease did not.

Progress in sanitation was retarded also somewhat by other circumstances.

The Medical Officers of Health were under no obligation to reside in their district, and were at liberty to take private practice, and so the whole of their time was not given to their public duty.*

But furthermore, they were in a state of dependence on their employers, which naturally would often prevent their reporting fully upon sanitary matters, though, happily, there appear to have been few who were influenced by this consideration. And some of the Vestries and District Boards did not hesitate to put pressure upon their Medical Officers to prevent energy on their part. It was stated in evidence before the Select Committee in 1882 that a

* Royal Commission, 1884.

Medical Officer would very soon "bring a hornet's nest round his ears if he attempted to do his duty strictly and independently."

Lord Shaftesbury declared, in 1884,* that he was quite certain that—

"They would never have the laws of health properly given effect to, until they asserted the independence of the Health Officers."

Nor were the Sanitary Inspectors as efficient as they might have been, though there had been a great improvement in the class of man appointed.

The Chief Sanitary Inspector for Clerkenwell † reported:—

"The two men (in Clerkenwell) are not very active. It is the greatest trouble I have to get the men to do their duty."

"The Sanitary Inspectors have not always shown as much zeal and interest as they might have done, but lately they have improved. . . . It is openly talked about in a good many districts in London that a system of bribing goes on." ‡

But those who were energetic were also discouraged by the same pressure which damped some of the energies of the Medical Officers of Health.

The Medical Officer of Health for Fulham wrote, in 1884:—

"So many are the vested interests that Sanitary Officers are obliged in the performance of their duty to interfere with, that they must be prepared to meet with injustice and opposition in almost all directions. It is not at all surprising that the dwellings of the poor in London should be in an insanitary condition seeing the great obstacles public sanitary officers have in the performance of their duties."

And yet there were many who did their work well, and who did much to improve the conditions of living of those who were under their care or charge; and did it in the face of many obstacles and much discouragement, and of all the

* Hansard, 1884.

† 1884 Royal Commission, vol. ii. p. 2938. ‡ Ibid. p. 724.

opposition that vested interests could bring to bear against them.

Many of the Vestries and District Boards were not only not above reproach, but were strongly to be condemned.

Sir Charles Dilke, then President of the Local Government Board, speaking in 1883, said:—

"There were some parishes in London which had very zealously tried to work the existing law, but, on the other hand, there were more parishes the government of which was a flagrant scandal."

And Mr. Chamberlain, in an article in the *Fortnightly Review* of December, 1883, wrote:—

"In the metropolis, where the evil is greatest, the want of an efficient and thoroughly representative municipal government stands in the way of reform.

"The Vestries, often in the hands of cliques and chosen at elections which excite no public interest, are largely composed of small house-property owners, who cannot be expected to be enthusiastic in putting the law in force against themselves."

And in the House of Commons, on the 4th of March, 1884, Sir Charles Dilke stated that—

"In Clerkenwell, the two joint dictators of the parish, who had control of the Vestry and its leading Committee, one of them being Chairman of the principal Committee, were the largest owners in the whole district of Clerkenwell of bad or doubtful property. . . . In Clerkenwell there were fourteen house-farmers on the Vestry and twelve publicans who seemed to work very much with them."

Nothing more decisively demonstrates the hostility of the Vestries to the Act of 1866, indeed to all this branch of sanitary reform, than the fact that they would not make adequate provision for the performance of the sanitary duties imposed on them by divers Acts of Parliament.

A return compiled by the Medical Officer of Health for Bethnal Green in 1885, from information supplied him by the Medical Officers of Health of thirty-eight Vestries, shows how the local sanitary authorities crippled sanitary work by a wholly inadequate staff of Inspectors.

Parish or District.	Number of Inspectors.	Number of Inhabitants to each Inspector.
Greenwich	... 1 ...	... 148,545
Newington	... 1 ...	... 117,870
Mile-End-Old-Town ...	... 1 ...	... 111,607
Lambeth	... 4 ...	... 69,683
Poplar	... 2 ...	... 86,671
Bermondsey	... 1 ...	... 88,770
Shoreditch	... 2 ...	... 62,754
St. Pancras	... 4 ...	... 60,389
Paddington	... 2 ...	... 55,567
Marylebone	... 3 ...	... 50,294
Hackney	... 4 ...	... 56,431
Bethnal Green ...	... 2½ ...	... 51,958
Camberwell	... 4 ...	... 59,500

In the whole of the metropolis there were 103 Inspectors of Nuisances—a rough average of one Inspector to about 40,000 of the population.

How could it be expected that one Inspector could look after a town of 40,000 people?

Consistently, and, year after year, insistently, did the bulk of the Medical Officers of Health complain of the lack of sufficient Sanitary Inspectors, and point out the necessity for more Sanitary Inspectors; some begged for them—but to nearly all these appeals the Vestries turned a deaf ear.

Every now and then some incident occurred or some exposure was made of some abominations of insanitation which were a revelation of the extraordinary methods adopted by some men in utilising land for building houses regardless of all sanitary consequences whatever to others.

In the *Times* of December 18, 1883, an article was published entitled "A Curious Site for Industrial Dwellings."

"The things which are done in London under the shadow of legal right are sometimes startling."

In Bethnal Green were two disused burial-grounds — "Globe Fields" and "Peel Grove." Parliament authorised a railway line to be constructed through "Globe Fields."

Foundations had to be made for the arches, and trenches had to be dug in the burial-ground.

The Medical Officer of Health, on inspecting the place, found a horrible condition of things. But with many precautions against loosing some virulent epidemic in the

locality, the human remains were removed and re-interred elsewhere, and, it is stated, part of the ground was built over.

Fuller particulars were given as to the Peel Grove Cemetery. The ground, several acres in extent, had been leased by a pawnbroker and started as a cemetery as a speculation. The statements made by the writer in the *Times* are specially illuminating. The cemetery was opened about 1840 without consecration. The Bishop refused to consecrate the ground as burials had taken place in it already, and as some difficulties were consequently experienced, the speculating pawnbroker acted, it is said, for some years as chaplain.

Ultimately, somehow or other, a chaplain was appointed.

About 20,000 persons had been buried in it, six deep, and packed as closely as it was possible to pack them—not even earth between the coffins, so anxious was the owner to economise space; large numbers who died of cholera in 1849 having been buried there.

The last interment took place in September, 1855.

In 1883, the ground having served one financial purpose, it became desirable to utilise it for another financial purpose, and the proposal was made to erect houses upon it, and an agreement was entered into with a builder for the erection of blocks of dwellings thereon. This builder commenced excavations for the purpose of laying foundations, and he had sent in drainage plans for a block of industrial dwellings to the Vestry of Bethnal Green.

"Is such an obvious violation of the laws of health and decency to be permitted?" said the writer.

"The Vestry are alive to the situation, and appear to be willing to do all in their power to avert the catastrophe. But the law on the subject is by no means clear. . . . It is little short of scandalous that such doubts should exist. It is repugnant to every feeling of decency and propriety to invite human beings to live in densely packed crowds over a charnel-house."

The sanitary condition of any city or district must, as has already been pointed out, depend very largely upon

the system of local government in existence at the time, and its efficiency or inefficiency.

This was specially true of this great metropolis with its millions of people, its vast extent, its great diversities.

To all intents and purposes the main features of the local government of London had undergone little change since 1855. There was still the "City" with its special law, special area, and special government, to which had been added the Port Sanitary Authority.

And there was the Central Authority, the Metropolitan Board of Works; and there were the local sanitary authorities, the Vestries and District Boards—and to them had been added the Metropolitan Asylums Board, another indirectly elected central body. But there were very manifest and prominent defects of the very gravest nature in this system of London government, and in 1884 the Government of the day made an effort to construct a better system.

Sir William Harcourt introduced the London Government Bill into the House of Commons.

"While London grew," he said,* "the Corporation remained stationary."

"The central body must deal with the large affairs, . . . a central body doing all the great things."

"The central principle of the Bill is this, that there should be some common control over the Vestries which shall give them a uniform action for the benefit of the whole community instead of leaving them as they now are, independent of any such control."

"What is the great evil? It is that the metropolis is broken up into fragments acting on a different principle, some doing ill, and those who do well suffering in consequence of the ill-doings of their neighbours."

"When the danger (of invasion of cholera) threatens a great metropolis like London, all must desire and want a central authority which should advise, which should assist, which should compel every part of the community to take those measures of precaution which are necessary for the safety of the whole. No such authority exists at this time.

* Hansard, 1884, vol. cclxxxix. p. 41.

"If a Vestry refuses to make sanitary bye-laws, or to carry out a proper system of sanitary inspection, you are absolutely powerless to compel them to do so. A single parish may become a plague-spot in London from which disease may be spread all around, and the Metropolitan Authority have no authority to make the parish do as it ought to do."

Mr. Gladstone said * :—

"The local government of London is, or, if it is not, it certainly ought to be, the crown of all our local and municipal institutions.

"The principle of unity (of London) has already been established under the pressure of necessity as a matter which could not be resisted. It has been established in the Metropolitan Board of Works. . . . There can be no doubt we have established a principle of unity, and that we have found it satisfactory.

"The supply of water and the supply of gas . . . two of the most elementary among the purposes of municipal government, have been handed over to private Corporations for the purpose of private profit because you have not chosen to create a complete municipality for the metropolis.

"And that is not all.

"The defects of the present system are admitted. . . . Surely if there are these great and intolerable defects they ought to be remedied by the action of some genuine popular local authority. But we have got no genuine popular local authority. . . .

"London, large as it is, is a natural unit—united by common features, united by common approximation, by common neighbourhood, by common dangers—depending upon common supplies, having common wants and common conveniences.

". . . Unity of Government in the metropolis is the only method on which we can proceed for producing municipal reform."

The Bill was strongly opposed in Parliament, and was withdrawn at a late period of the Session, "but its introduction and discussion had done much to awaken interest

* Hansard, 1884, vol. ccxc. p. 541.

and mature opinion on the question of the practicability of the government of London by a single municipality." *

Up to this time, though overcrowding had occupied so prominent a position in the great health problem of London, no returns of the amount of overcrowding actually existing had been obtained, nor had any estimate even been attempted. The reports of the Medical Officers of Health showed in many graphic descriptions that overcrowding was prevalent in every part of London—more acutely so in some districts than in others—but as to the amount no information was available.

The first reliable figures over a large area—a large central district of London—were collected by Mr. T. Marchant Williams, Inspector of Schools for the London School Board, and published in the *Times* of February 22, 1884.

He wrote giving some of the results of his recent investigations into the social conditions of the people residing in his district.

"My sole desire," he wrote, "is to record facts. It will be my endeavour to show that these facts are sufficiently typical or representative of the social condition of the elementary school population of London to serve as a trustworthy basis for a fairly accurate estimate of the stupendous difficulties the School Board for London has to contend with."

"The Division of Finsbury includes the following parishes :—

(1)	St. Giles'-in-the-Fields	The whole population in 1881 = 503,851; number of children of school age, 3–13 = 91,128, 95 per cent. of whom have been scheduled by the Officers of the School Board."
(2)	St. George-the-Martyr	
	St. Andrew, Holborn	
	Clerkenwell	
	St. Luke	
	Stoke Newington	
	Islington	

(1) In St. Giles'-in-the-Fields there were 9 efficient elementary schools, 4 churches, 6 chapels, 102 public-houses, 27 milk shops.

* See Report of Royal Commission on the Amalgation of the City and County of London, 1894.

He gave the number of families scheduled for elementary school purposes residing *in more than two rooms* was 382, which represents about 14 per cent. of the whole number of scheduled families.

28 per cent of the families lived each in 2 rooms only,
and 58 „ „ „ „ „ 1 room only.

(2) In the parishes of Bloomsbury, St. George-the-Martyr, St. Andrew, Holborn, and part of St. Giles'.

The number of families scheduled for elementary school purposes residing *in more than two rooms* was 395, which is about 10 per cent. of the whole number of scheduled families.

About 45 per cent lived in 2 rooms only.
„ „ „ „ 1 room only.

(3) Lower Division of Clerkenwell and St. Luke's.

The number of families scheduled for elementary school purposes residing *in more than two rooms* was 3,886, which is about 37 per cent. of the whole number of scheduled families.

33 per cent live in 2 rooms only.
30 „ „ 1 room only.

He gave similar information as regarded three other sub-districts, and then went on:—

"The foregoing statistics show that there were at the beginning of the present year, in the Finsbury division—

"10,490 families consisting of 41,044 persons, living, each, in *one* room only, and 17,210 families consisting of 82,215 persons, living, each, in *two* rooms only, a total of 123,259 persons living in one or two rooms.

"For every efficient elementary school in the division there are more than 8 public-houses, for there are in the division 111 efficient schools, while the public-houses number 912; the grocers' shops, 682; bakers' shops, 409; dairies, 350; coffee shops, 427; churches, 74; chapels, 32; mission rooms, 47; registered lodging-houses, 101."

And then he summarised his figures for the City Division :

Number of children of school age	=	6,986
„ „ churches and chapels	=	71
„ „ public-houses	=	408

Number of families living, each, *in more than two rooms* was 1,972, which is about 33 per cent. of the scheduled families.

About 43 per cent. live, each, in 2 rooms only, and
nearly 24 „ „ „ 1 room only.

The *Times* commented, in a leading article, on this information.

"Everywhere, and by all sections not immediately affected, the scandal and almost the absurdity of the brutish degradation of an enormous number of habitations in the greatest and most opulent city in the world are thoroughly recognised. . . . Habits of life such as lodgings of the kind now common among London workmen foster and encourage are a positive danger to the whole of society. Only by one rank is the question treated as of no pressing importance. That happens to be the body of persons directly interested.

". . . No more instructive contribution has been offered towards a clear perception of the dimensions of the problem than those given by Mr. Marchant Williams. . . .

"Incidentally the census, by the School Board, of the classes it was founded to teach, contains the precise materials for informing the public of the extent of the overcrowding which has been shocking the moral sense of the nation. Formerly, when instances of overcrowding were cited, it might have been fancied they were exceptions or exaggerations. Mr. Williams' report allows of no possibility of a doubt.

. . . . .

"The Finsbury educational division contained, in 1881, a population of 503,851. Of these, 41,044 live in single rooms, at an average rate of four a room; 82,215 occupy suites of two rooms, at a rate exceeding four persons and

three-quarters for each. For a family of two to monopolise a whole room is a luxury, and to possess two rooms is a marvel. Some rooms are made to hold ten, and many to hold six or seven. . . .

"A home partakes of the life of the dwellers in it. They mould and incorporate it with their being, and it helps to mould and fashion them. The 123,000 owners of an undivided and indivisible quarter of a hovel in Finsbury, and the other hundreds of thousands in like case elsewhere in the town, are curtailed of the essential parts of the rights of humanity by the miserable accident that their locality refuses them reasonable standing room. Family life is an impossibility for a whole family collected in the single room 12 to 15 feet by 6 to 10. In a multitude of instances those tenanting a single room are several families, not one. They have to distribute the floor by square inches, and grow up with less regard to decency than a cat or a dog."

And in another letter written a few days later, Mr. Marchant Williams added:—

"It was only the other day that I discovered in one of these streets (near Fitzroy Square) a house containing nine rooms, each of which accommodates on an average eight persons!

". . . The rents in the most crowded parts of my district amount as a rule to about a third or fourth of the maximum wages earned by the tenants."

He mentions a case, a riveter:—

"He had recently abandoned the room in which he, his wife, and six children had lived for two years."

"I have more than once when going my rounds been accosted by a landlord in a state of abject terror, lest I might be arranging to rob him of some of his victims. The landlord's defence invariably is that he is obliged to levy high rents because the tenants frequently run away by night and leave no trace behind them of their whereabouts."

More and more did the feeling grow that something must be done to ameliorate the conditions under which the working classes and poorer people were living, and on

the 22nd of February, the Marquess of Salisbury, in the House of Lords, moved in an Address to Her Majesty for the appointment of a Royal Commission to inquire into the housing of the working classes.*

"The attention of persons of every class, of every creed, and school of politics, has been turned to this question," he said.

H.R.H. the Prince of Wales said :—

"I feel convinced that your lordships, in common with all classes of Her Majesty's subjects, will be gratified to learn that the noble Marquess has asked for a searching inquiry into this great and momentous question with regard to the housing and the amelioration of the dwellings of the poor and of the working classes, and that Her Majesty's Government have decided to issue a Royal Commission for that purpose.

"As your Lordships know I take the keenest and liveliest interest in this question.

"I can assure you, my Lords, that I am deeply flattered at having been appointed a member of this Royal Commission."

The Government accepted the motion, and a Royal Commission was forthwith appointed and immediately began its work.

While the great question of housing and overcrowding was under discussion and was being investigated, and efforts being made to deal with it, various other matters forming part of the general sanitary evolution of London were attracting attention, or gradually developing.

In October, 1882, the limits of the Port of London were extended seawards, and in the following year the powers of the Port Sanitary Authority were extended.† Most of the powers of an Urban Sanitary Authority under the Public Health Act of 1875 were conferred upon it, and the Medical Officer of Health reported that he believed

* Hansard, 1884, vol. cclxxxiv.

† By the Diseases Prevention (Metropolis) Act, 1883, 46 and 47 Vic. cap. 35.

the legal powers of the Authority would be found "amply sufficient for the sanitary control and supervision of the Port."

The Authority extended its attention now to the inspection of imported meat. It was a matter of the first importance to watch carefully the food supply of the people. The trade of frozen meat had been rapidly growing, and from time to time large quantities arrived in unsound condition, which it was most necessary should be prevented going on to the market.

In connection with another very important article of food —namely, milk—action was also taken.

The effect of the order made in 1879 by the Privy Council, as to dairies, cowsheds, and milkshops, had been very beneficial, and a marked change for the better in the conditions under which the milk trade was conducted was the result. That Order was revoked in 1885 by the Privy Council, and a new one passed extending the powers of local authorities in the matter, and prescribing further precautions to secure the sanitary condition of all dairies and cowsheds, and for the protection of milk against infection or contamination.

Another beneficial sanitary improvement was effected in 1883, by the extension of the benefits of the infectious hospitals of the Metropolitan Asylums Board.

The Royal Commission on Fever and Smallpox Hospitals, in 1882, stated that in their opinion it was of paramount importance that the hospitals of the Metropolitan Asylums Board, to which so many classes of persons might become liable to be removed, should be made as little unattractive as the nature of the case admitted, and they considered that the pauper character which attached to the hospitals of the Board, and which rendered them repulsive to all but the indigent, would disappear if the distinction between paupers and non-paupers were abolished.

This suggestion was partially given effect to by the Diseases Prevention (Metropolis) Act of 1883, which enacted that, subject to certain arrangements, the admission of any person suffering from infectious disease into any

hospital provided by the Metropolitan Asylums Board, or the maintenance of any such person therein, should not be considered to be parochial relief.

The plan was only partly successful, but as years went on the hospitals were increasingly used by persons other than those of the legally recognised pauper class.

In the years 1884 and 1885 the hospitals demonstrated their great utility. There was a severe epidemic of small-pox. From its outbreak in 1884, to its subsidence in the autumn of 1885, no less a number than 12,425 patients passed through the hospitals, hospital ships, and camps of the Metropolitan Asylums Board, and the arrangements for the removal to hospital of cases of infectious disease, from the whole of the metropolis, worked smoothly and satisfactorily.

The gain to the community in thus removing infectious cases from its midst was immeasurable.*

In 1885 the Report of the Royal Commission which had been inquiring into the Housing of the Working Classes was published. It presented to the general public a mass of facts of which previously they had taken but little heed, and the vast importance of which they had utterly failed to realise; and it brought into the forefront of social questions the vital question of the public health, and the imperative necessity of remedying evils which were eating into the very vitals of the community.

The Royal Commissioners depicted the widely prevalent and dreadful overcrowding which existed, and which in certain localities was becoming more serious than ever, and they gave numerous instances of it. They described the fearsome condition of tenement-houses, and of the people living therein—the inadequacy of the water supply—the defective sanitary accommodation in houses—the lack of air space—the absence of ventilation—the use of cellars and underground rooms as dwelling-places—the limitless filth.

And they pointed out the dreadful results of this condition of things—physical, moral, and material—the preva-

* The total net expenditure was £401,000 in 1885.

lence of disease, the heavy death-rate, the destruction of bodily health, the dreadful immorality resulting from overcrowding, the degradation to which masses were doomed, the incitement to drink, and depravity, and crime. They declared that:—

"Even statistics of actual disease consequent on overcrowding would not convey the whole truth as to the loss of health caused by it to the labouring classes. . . .

"Nothing stronger could be said in describing the effect of overcrowding than that it is even more destructive to general health than conducive to the spread of epidemic and contagious diseases."

And they pointed out that there was much legislation designed to meet these evils, yet that the existing laws were not put in force, some of them having remained a dead letter from the date when they first found place in the statute book.

And they investigated the causes of many of these things —and they assigned the blame for some of them—and they passed in review the conduct of the local governing authorities—and they recapitulated the existing laws upon these various matters, and suggested certain alterations, and made various valuable recommendations.

There was, in fact, placed on record a calm, unimpassioned, and unexaggerated statement of the evils which masses of the population of the great capital were enduring in the last quarter of the highly civilised and enlightened nineteenth century.

It was a thorough confirmation of all the reports of the Medical Officers of Health, and of the facts set out, and pressed by them, year after year, upon the attention of the Vestries and District Boards, and which had so persistently been ignored by so many of those authorities.

The Commissioners classified the—

"Unquestioned causes which produced the overcrowding and the generally lamentable condition of the homes of the labouring classes."

The first was—

"The poverty of the inhabitants of the poorest quarters,

or in other words the relation borne by the wages they received to the rent they had to pay."

The next was the demolition, for various reasons, of houses inhabited by the working classes and poorer people, and the consequent displacement of the people.

The third was the relation between the owners of property upon which the dwellings of the poor stood, and the tenants of those dwellings.

"The other great remaining cause of the evil was the remissness of local authorities."

From their very origin, these "authorities" were unsatisfactory instruments for the performance of the public duties.

"But little interest was, as a rule, taken in the election of vestrymen by the inhabitants," instances having been known of vestrymen in populous parishes being returned by two votes, on a show of hands.

Elsewhere it is reported they elected each other.

The Commissioners referred to the "supineness" of many of these metropolitan local authorities in sanitary matters, and to the "laxity of administration of some of them." And still worse, to the self-interested action of vestrymen.

Thus on the Vestry of Clerkenwell, they said, were—

"Thirteen or fourteen persons who are interested in bad or doubtful property, including several 'middlemen'; and ten publicans who, with the exception of one or two, had the reputation of working with the party who trade in insanitary property; and accordingly this party commands a working majority on the Vestry."

"It is not surprising to find that the Sanitary Inspectors whose tenure of office and salary is subject to such a body should show indisposition to activity."

"The state of the homes of the working classes in Clerkenwell, the overcrowding, and other evils, which act and re-act on one another, must be attributed in a large measure to the default of the responsible local authority."

"Clerkenwell does not stand alone: from various parts

of London the same complaints are heard of insanitary property being owned by members of the Vestries and District Boards, and of sanitary inspection being inefficiently done, because many of the persons whose duty it is to see that a better state of things should exist, are those who are interested in keeping things as they are."

And in another part of their report they wrote :—

"It is evident that the remedies which legislation has provided for sanitary evils have been imperfectly applied in the metropolis, and that this failure has been due to negligence in many cases of the existing local authorities."

The part of the evidence which was of greatest value and interest was that which laid bare the responsibility for the dreadful conditions under which such masses of the people lived.

Apart from the measure of responsibility which fell on Parliament itself, and it was no light one, it is clear that those conditions were due (1) in part to the various classes of "owners," (2) in part to the people themselves, and (3) in part to the local authorities.

As regarded *owners*, there were first the ground landlords, who themselves, or whose predecessors had leased their land for building purposes, or with houses thereon to a tenant.

It would appear clear that these ground landlords or freeholders, or lessors, had power to enforce against the person who held directly from them the repairing clauses of leases. But the existing condition of things showed that they did not do so.

One of the witnesses, giving evidence about a particular property, said :—

"By the terms of even the old leases the tenant was supposed to keep the place in proper repair. . . . The property has gradually deteriorated in consequence of neglect."

And Lord Salisbury, who asked :—

"I suppose it is practically impossible for the ground landlord to see that the conditions are kept?"

Was told in reply :—

"The only way in which it is possible for him to do that is to keep a very active supervision over his property.

"If that was done by ground landlords, and had always been done by them, you would have personal supervision carried out by a sufficient number of people to ensure the conditions being kept."

Any idea of property having its duties as well as its rights appears to have been non-existent.

Next to the landowner was the numerous and varied class of house "owners," from the man who leased the land from the landlord and built the house, or who had leased the house and had sub-leased it to some one else. And often there were sub-lessees, until in some cases there was a chain of persons holding different interests in the same house.

And there was the class of persons who take a house and break it up into tenement-rooms, and who were known as "house-knackers," or house jobbers, or house farmers, or as "middlemen," these last being defined as any one who stands between the freeholder and the one who occupies.

Some interesting descriptions of some of these "middlemen" were given.

One of the largest in Clerkenwell was a Mr. Decimus Ball, and there was also a Mr. Ross—both of whom were on the Vestry.

The witness stated that these men had neglected the houses, and in many cases were very extortionate in their demands against the occupants.

Mr. Ball had many houses which were inhabited by families in single rooms, but which up to a short time previously were inhabited by whole families to a house.

Mr. Ball's profit is "perfectly enormous if he does not do any repairs." And he made very few; and if the rent were not paid on the Monday morning, he threatened to raise it.

Probably the most notorious "middleman" was a certain Mr. Flight.

"He must have been the owner of thousands and

thousands of houses in the metropolis." (18,000, it was said.)

"He owned property in every part of London, and the squalid nature of that property, the wretched condition in which it has been kept, the avoidance of all decent rules by which habitations are governed, was something very fearful."

"Middlemen," it was stated, sometimes appeared to be making 150 per cent. per annum, but they assert that repairs have to come out of that. Repairs, however, were only executed once in three or four years, and in the others they get their 150 per cent.

"If the house-farmers do no repairs for years the profits are large. . . . They collect their rents very sharply.

"The middleman makes the tenant pay an excessive rent because he insists upon making an excessive profit."

The great work which the Commission did was in the enlightenment of the public, and the material they afforded for the formation of public opinion in the right direction. Subsequent experience showed that the recommendations made—excellent and helpful as so many of them were—did not by a long way cut deep enough to extirpate the more serious evils.

"It is evident," wrote the Commissioners, "that the 35th Section of the Sanitary Act of 1866 (dealing with tenement-houses) which contains a remedy for some of the evils which have been described is likely to remain a dead letter in many districts of the metropolis until some improved means be devised for putting it into action." They recommended that the local authorities who had not already made and enforced bye-laws under the section "should proceed to do so."

But no compulsion was suggested to make them do so, or for the only effective alternative, the provision of other machinery to act in their default, and so the local authorities were in this matter allowed to remain in their position of complete independence and to continue their policy of inactivity—if not obstruction.

As to inspection, and the inadequacy of a sanitary staff, much evidence had been given, but, they remarked:—

"It is evident that where work is performed according to the custom of certain districts of the metropolis it really does not matter whether the staff of inspectors be large or small."

They summed up their general view in the following passage:—

"Without entering upon questions of policy of far wider application than the more immediate subject-matter of the present inquiry, Your Majesty's Commissioners are clearly of opinion that there has been failure in administration rather than in legislation, although the latter is no doubt capable of improvement. What at the present time is specially required is some motive power, and probably there can be no stronger motive power than public opinion."

And with that view they recommended that inquiries should be held as to the immediate sanitary requirements of different districts, and the reports be presented to Parliament.

Public opinion, however, is hard to move, and usually slow in moving; and when it has at last decided on definite action Parliament is slow in giving effect to the decision, and, when Parliament at last acts, the legislation itself is frequently defective. And so the outlook was rather hopeless.

Various other more concrete amendments were, however, suggested in the various Housing Acts to render them more effective for their purpose.

And, as a result, in the session of Parliament of 1885 a Bill was introduced dealing with the "Housing of the Working Classess."

Lord Salisbury, in moving the second reading, said * :—

The Bill he introduced was to a certain extent "a compromise." "No one need expect to find that it contains any magic formula which will cure all the evils of which this House and the public have heard a great deal, and there is nothing startling, sensational or extreme in its provisions. We are hoping to cure these evils by slow and gradual steps, by the application of remedies

* Hansard, vol. ccxxix. p. 889.

apparently not far-reaching in their character, but still judiciously directed to the precise difficulties which arose in each department of our inquiry."

The Bill duly passed (48 & 49 Vic. cap. 72).

Most of the reforms embodied in it were of a trifling character and such as could have only the most limited and gradual effect.

This Act extended generally the operation of the Labouring Classes Lodging Houses Acts of 1851 and 1867, and substituted the Metropolitan Board of Works for the Vestries and District Boards as the authority under the Act.

A really useful plan was authorised by it, namely, the sale, at a fair market price, to the Metropolitan Board of certain prison sites in London for housing purposes. And one other good thing done was depriving the owner of insanitary premises, which had been pulled down by order of the local authority, of the power to require the local authority to purchase such premises.

But merely again to declare—

"That it shall be the duty of every local authority entrusted with the laws relating to public health and local government to put in force the powers with which they are invested so as to secure the proper sanitary condition of all premises within the area under their control"—was futile, considering that the authorities in question had steadily ignored the same direction, made nineteen years previously, in the Act of 1866.

Lord Salisbury wound up his speech with the following abnegation of Parliamentary power:—

"We must not imagine that it is anything we can do in this House, or in the House of Commons, that will remove all these evils. It must be done by that stirring up of public opinion which these investigations cause; it is to this that we must look for any real reform, it must be from the people themselves, from the owners, builders, and occupiers, when their attention is drawn to the enormous evils which past negligence has caused, it is from them that the cure of the sanitary evils which have so largely increased the death-rate must come."

Considering, however, the accumulated mass of evidence which had shown beyond all question that it was the owners and builders who were mainly responsible for those "enormous evils," and who were still hard at work adding to them and perpetuating them, it was rather hopeless to expect "the cure of the sanitary evils" to come from that quarter.

Unfortunately two general elections, and the heated discussion of great political questions, threw even these great health questions into the background, and not so much immediate benefit as was to be hoped followed the inquiry of the Royal Commissioners.

It is an awful handicap to the welfare of a community, and of a nation, when those who should take a principal share in the duty of raising the physical, social, and moral condition of the people over whom they can exercise influence, and who are more or less under their control, not alone stand idly aside, but absolutely exploit the misery and helplessness and ignorance of masses of the people.

The Imperial Government may make most excellent laws, but the physical and sanitary welfare of the people cannot be secured by a local governing authority alone, nor their moral and religious welfare by the Churches alone

There is a great sphere of life where those who stand in the relation of land-owners or house-owners to tenants could exercise an enormous influence for good, and where nobody else could exercise it so effectually or so easily.

But the disaster has been that in the great metropolis—the greatest of all cities—a vast proportion of those who ought to have been active in using this influence, have never made the slightest effort to use it, whilst others have used their position, and the dependence of the people upon them, solely to wring from them the last farthing that could be extracted.

And these were the men who made the loudest protests and outcry against legislation and against administration which was to make them do that which the vital interests of the community and of the State required to be done.

The root of the evil connected with the housing of the people in London lay with the disregard of "owners" for the condition of their tenants.

Many "owners" appeared to be under the impression that their investment in house property was to be as free from trouble or labour as money invested in the national funds is; and so long as they got the rent they expected, they did not trouble themselves about the state of the houses or of the people living therein. They were loth to spend money on them, as that curtailed their income, and the argument was constantly used that it was useless spending money to put the property in order, when anything they did to it would be promptly destroyed. And they cared not who were their tenants so long as a high rent was obtainable from them.

Some declared that the people were so sunken, so degraded, so filthy, and depraved, and destructive, that nothing they could do could secure their property being kept in a sanitary or decent condition.

Doubtless in many districts and many cases the conduct of the tenants was as bad as bad could be. As one of the Medical Officers of Health wrote in 1883 :—

"It must be borne in mind that many of the occupants of tenement property are careless and filthy in their habits; and in addition are very destructive; fittings put up one day are pulled down and destroyed the next; ash-bin covers, closet doors, and even flooring boards, share the same fate."

And many were the "owners" of various degree who endeavoured to justify their neglect on this ground.

Were such an argument admitted, the owner could claim to be exonerated from the duty of keeping his property in proper order, and the evil conditions and consequences resulting from his neglect would go on increasing indefinitely, until a state of things destructive to the community was ultimately reached.

Viewed broadly, and impartially, there was much truth as regarded the misconduct and uncleanliness of great numbers of tenants, but the central fact was that the "owner" was the person mainly interested in, and bene-

fited by possession of the property, and therefore primarily responsible for maintaining it in a condition which should not endanger the health of the community.

If, through the neglect and indifference of his predecessors, the property had fallen into a bad state, the consequences equitably fell upon him, just as the consequences of any other bad investment by his predecessor would have done. He had inherited something which was not worth as much as he anticipated—that was all; but the consequences must not be shifted on to the community, nor must his tenants be made the victims.

And if he allowed his property to become a danger to his tenants, and through them to the community at large, the community had an absolute right to protect itself by insisting that he should be prevented from so doing.

The only way in which, in the interests of the public, abuses can be prevented is by holding the person responsible for them who has the power of preventing them. And that was just what in this case the "owners" did not like.

Building constituted an important part of the housing problem. The Medical Officer of Health for Lambeth, in his report for 1887, gave an interesting account of the process of building in London which shows how even the amended Building Acts had failed to secure those conditions of air and space which are essential for health.

"In proximity to the centres of business every available plot of garden or recreation ground has been converted into building sites. Houses constructed from materials of the poorest quality and by workmen employed only for the cheapness of their labour, have been hurried into occupation.

"The system of close building, at first confined in its application to the consolidation of the inner zone, has been adopted in the outer, and with the demand for shelter, which increases in a progressive ratio with the growth of the population, the once open suburbs must ere long become indistinguishable in the monotony of house row and pavement.

"The art of close building appears a progressive one. In its infancy, twenty years ago, the art has now arrived at a stage nearly approaching perfection. In the earlier examples the space allotted to garden land was larger than that built on. Then the size of the two quantities reached an equality—then the covered ground becomes a larger quantity than the uncovered land, until the final stage of development is attained when the extreme limit of encroachment permitted by the Building Act is reached, and garden land is represented by a yard 100 superficial feet in area."

Extraordinary loopholes in the sanitary laws, moreover, were constantly being discovered which almost neutralised the original enactment.

Thus the Medical Officer of Health for Camberwell remarked in his report for 1888:—

"It has been long known to the Sanitary Committee that there has never been any efficent supervision of the drainage and other sanitary arrangements of houses in course of construction. . . . It is true that every builder has been required before constructing his private drains and connecting them with the public sewers, to send in a plan of his proposed drainage for the sanction of the Surveyor. But there has been no machinery by which builders could be compelled to carry out their private works in accordance with the plans submitted, and to ensure that the details of their works had been carried out in a workmanlike or efficient manner. The inspections of houses even recently built have shown that sanitary nuisances complained of have been largely due to scandalous neglect of duty on the part of those concerned in carrying out the drainage works, and that in most cases the plans sent in have not accorded with the arrangements finally adopted."

Various, indeed, were matters connected with the public health which unexpectedly came cropping up; sometimes matters thought to have been disposed of but only partly so, sometimes, wholly new origins and ramifications of insanitation.

Thus in 1886 the Medical Officer of Health for the south part of Poplar District drew special attention to a grievance long previously complained of and for many years endured.

"A greater scandal cannot well be shown in matters vital to health than that in spite of abundant evidence of the magnitude of the evil, thousands and tens of thousands of families living in houses, the rates of which are payable by the landlords, may at any moment, without a particle of fault of their own, be suddenly denied one of the first necessaries of life—water—through the neglect and wilfulness of others."

The main remedy open to the water companies to recover rates from defaulting non-resident owners of tenement-houses was the simple expedient of discontinuing the supply of water. This course was open to a double objection—first, tenants who had paid their rent were deprived of that for which they had constructively paid; and secondly, a tenement-house deprived of water might speedily become a focus of disease.

"That disease and death are directly traceable to this want," wrote the Medical Officer of Health, "no one acquainted with sanitary work in London can doubt. Take this instance. Water cut off, drains stopped, opening up of ground and drains, removal of filth accumulations, horrid stench, diphtheria, death.

"In Hanbury Place—having six houses—there was no water supply for twenty-six days, and families numbering each seven, nine, two of six, and others had to exist in May, 1885, with choked drains, yard flooded with sewage, and no water—and all because of non-payment of rates by the landlord."

In 1887 Parliament happily dealt with this evil, and by an Act passed in that year—

"Water companies were prohibited from cutting off the water supply from any dwelling-house for non-payment of water rate, if such rate were payable by the owner and not the occupier of the premises. . . ."

In the middle of this decade, too, anxiety revived, owing to the state of the Thames, a matter which it was hoped

had been finally disposed of. The discharge of sewage at the new outfalls make the river in those parts much what it had previously been in London.

A Royal Commission was appointed to inquire into the subject. They reported that they found a condition of things which they "must denounce as a disgrace to the metropolis and to civilisation." They said that in 1884 "the sewage water from the outfalls manifestly reached London Bridge."

"At Greenwich Pier the water was very black, and the smell exceedingly strong."

"At Woolwich the river for its whole width was black, putrid, sewage— looking as if unmixed and unalloyed. The stench was intolerable."

"We are of opinion that it is neither necessary nor justifiable to discharge the sewage of the metropolis in its crude state into any part of the Thames."

This evil was surmounted by the adoption by the Metropolitan Board of Works of a system of treatment of the crude sewage. Chemical precipitation was effected by adding to the sewage certain proportions of lime and protosulphate of iron, and allowing it to remain for an hour or two in settling tanks. The effluent water was let flow into the river, and the sludge was carried down the river in barges and cast into the sea.

The public interest evoked by the inquiries made by the Royal Commissioners on Housing, and the publication of their Report, certainly quickened the activity of many of the local authorities.

In several of the parishes and districts the Regulations under the Sanitary Acts of 1866 and 1874 were being more readily adopted, and being put into force on a slightly more extended scale; and in every case it was reported that the results had been satisfactory, a great improvement taking place in the houses which were registered.

A report of the Inspector of such houses, for Bermondsey, describes this well:—

"108 were placed on Register by Vestry. The majority of these houses are situated in the lowest and most densely

populated parts of the parish. They are occupied by the very poor, costermongers, dock and waterside labourers, &c. They contain 509 rooms, occupied by 386 families, numbering 1,434 persons. 285 rooms were overcrowded. With three exceptions the overcrowding has been abated. Previous to registration the number in each house was 13, present average 9."

"The sanitary condition of the said houses has been greatly improved. Staircases, &c., are now regularly swept and washed. In 85 houses the walls have been stripped and whitewashed. Many of the walls had 15 layers of paper, thus hiding filth and harbouring vermin. Ventilation in them is also improved. Many owners rendered much assistance."

Several inquiries of the sort suggested by the Royal Commissioners were held in the course of the ensuing years and reports presented to Parliament, but it is much to be doubted whether they had any effect in so inciting public opinion as to make it insist on the recalcitrant local authorities carrying the laws into effect.

Clerkenwell, Mile-End-Old-Town, Bethnal Green, and Rotherhithe, were inquired into, and reported on. The tale was much the same as that set forth time after time, and year after year, by various Medical Officers of Health—want of adequate sanitary supervision, numerous neglects by the Vestries, especially the neglect to make, or, if made, to enforce Regulations under the Sanitary Acts of 1866 and 1874.

The initiative of dealing with the existing condition of things rested with the Vestries. It was forcibly pointed out that complaints could hardly be expected either from the owners of insanitary houses, on whom the cost of the improvements would fall, or from tenants who are too often indifferent to considerations of health and cleanliness, and who in any case would fear to offend their landlords by complaining.

Rotherhithe came in for the strongest condemnation. Of it the Commissioners reported :—

"It is, in fact, no exaggeration to say that the results of

lax administration abound in Rotherhithe, and especially in houses occupied by poor persons."

The increase of the sanitary staff was recommended, but the obdurate Vestry resolved not to increase it.

The absolute necessity of inspection was demonstrated every day of the year to every Vestry and District Board in the metropolis by the results of such exceedingly limited inspection as was carried out.

In St. Luke, in 1890, of 1,348 houses inspected 296 were found "in fair sanitary condition."

In Hackney, in 1887, 5,213 were inspected; 3,620 of them were found to be wanting in some sanitary requirement, or were so dirty as to necessitate orders being served for whitewashing and cleaning. In one street 111 houses were inspected, and in 97 nuisances were found.

In St. Marylebone, in 1884, 2,136 orders were sent out for repairs and various sanitary improvements. In Hammersmith, 3,377 notices to abate nuisances were served in 1886. In Westminster, 1,609 notices served for sanitary defects.

The Medical Officer of Health for St. Saviour, Southwark, reported (1890–1):—

"The importance of house-to-house inspection may be estimated by the fact that of 491 houses inspected, it was found necessary in nearly every instance to serve notice for the carrying out of urgent sanitary requirements."

In Camberwell there were, in 1889, between 30,000 and 40,000 houses in the parish, "of which probably one-half should be inspected periodically."

The Medical Officer of Health of Bethnal Green stated:—

"In my district we have a population of about 130,000, and about 18,000 houses, and we have two Inspectors. Of course there should be periodical inspection, that is to say, every house in the parish should be visited at least once a year by a Sanitary Inspector, but that with the present staff would be utterly impossible. In my district there is no house-to-house visitation; we simply attend to complaints as we receive them, and this completely fills up the time of the two Inspectors."

And he further stated * :—

"In my district the Sanitary Inspectors are not under the control of the Medical Officer of Health."

It is of course manifest that if houses had not been inspected, and the necessary sanitary improvements enforced, things would have gone on rapidly deteriorating, and with that deterioration would have come all those causes of disease which would endanger the lives of the occupants and create fresh centres for spreading disease broadcast.

It might have been thought that the numerous inquiries into the condition of the working classes in factories and workshops would have laid bare nearly all there was to lay bare.

A report to the Board of Trade on the Sweating System in the East End of London, by J. Burnett in 1887, rudely dispelled such an idea, and opened out to public view a new vista of causes, deleteriously affecting the public health, a new area of insanitation. Though the evils depicted had become acuter, they evidently had been going on for years.

"The system may be defined as one under which sub-contractors undertake to do work in their own houses or small workshops, and employ others to do it, making a profit for themselves by the difference between the contract prices and the wages they pay their assistants.

"The mass of those employed under the sweating system labour in workshops where much fewer than 20 are engaged, or in the houses which may be single rooms of the 'small sweaters.'"

After referring to the numerous branches of the tailoring trade, he said :—

"Immense numbers of people of both sexes and all ages have rushed into the cheap tailoring trade as the readiest means of finding employment. The result has been an enormously overcrowded labour market, and a consequently fierce competition among the workers themselves, with all the attendant evils of such a state of things. . . . Matters have been rendered infinitely worse by an enormous influx

* Lords' Committee on Sweating, P.P. 1890, vol. 17.

of pauper foreigners from other European nations. The result has been to flood the labour market of the East End of London with cheap labour to such an extent as to reduce thousands of native workers to the verge of destitution. . . ."

"There are, of course, in addition many English workers employed in the same trade and in the same shops, but their number is gradually being reduced, owing to the severity of a competition in which those who can subsist on least are sure to be victorious.

"The object of the sweater being his own gain, the inevitable tendency of such a system is to grind the workers down to the lowest possible level. . . .

"The character of the workshops, or places used as workshops, varies considerably. The smaller sweaters use part of their dwelling accommodation, and in the vast majority of cases work is carried on under conditions in the highest degree filthy and unsanitary."

"In small rooms, not more than nine or ten feet square, heated by a coke fire for the pressers' irons, and at night lighted by flaring gas jets, six, eight, ten, or even a dozen workers may be crowded.

"The conditions of the Public Health Acts, and of the Factory and Workshop Regulation Acts, are utterly disregarded, and existing systems of inspection are entirely inadequate to enforce their provisions even if no divided authority tended to weaken the hands of the Inspectors.

"Some of the shops are hidden in garrets and back rooms of the worst kinds of East End tenements, and a third of them cannot be known to the Factory Inspectors.

"It is in regulating the hours of the women that factory inspection should be of most service, but how can two or three Inspectors keep in check the multitude of sweating dens of East London? Basements, garrets, backyards, wash-houses, and all sorts of unlooked for and unsuspected places are the abodes of the sweater."

Early in the following year Lord Dunraven, in the House of Lords, moved for the appointment of a Select Committee to inquire into the sweating system.

"The evils which existed there were caused by natural laws which were not by any means of necessity unwholesome in any degree. . . . But his belief was that though the causes were perfectly natural in themselves they had been allowed to run riot, and had not been put under proper control, and had thus produced the present terrible state of things. . . .

"Large workshops were the exception. In the 'dens' of the sweaters there was not the slightest attempt at decency; men and women worked together for many consecutive hours, penned up in small rooms and basements, garrets, backyards, wash-houses, and all sorts of unlikely places, were the abodes of the sweaters."

And he quoted the Chief Inspector of Factories and Workshops:—

"To add to the evils of overwork pursued by these people, we must note the overcrowded, ill-ventilated, and excessively hot state of the workrooms; . . . it is surprising how such people can live under such conditions.

". . . It was," he said, "a ridiculous and scandalous thing that Parliament should pass Factory and Sanitary Acts regulating the hours of labour of women and children, and that those Acts should be grossly violated."

Lord Sandhurst said:—

"It might appear to their Lordships almost incredible that within three or four miles of that House a state of things, involving so much human misery, could possibly exist as was to be found at the East End of London."

The Select Committee was appointed. The results of its inquiries are stated in the next chapter.

In 1888 the local government of London underwent a most notable change.

In the early part of 1887 various rumours gained currency as to questionable dealings in connection with the lettings of land owned by the Metropolitan Board. Certain officials of the Board were mentioned. The details do not fall within the history of the sanitary evolution of London, except so far as they affected the central governing authority of London. The allegations made received in-

creasing confirmation, and early in 1888 a Royal Commission was appointed to inquire into and thoroughly sift them, and early in May the Commission held its first sitting, the Metropolitan Board affording every facility for the thorough investigation of the matter.

Before that time, however — namely, in March — the Government had introduced into the House of Commons its proposals as regarded the local government of England and Wales generally; and the opportunity was taken to deal with the great problem of London government which had so long vexed and perplexed successive governments, and which was becoming more and more insistent as years went on, and London was accordingly included in the general scheme.

By the measure now introduced London was to be created—not a Corporation, nor a Municipality, but a County—with a Council as the governing authority of the County.

Mr. Ritchie, introducing the Bill into the House of Commons, said * :—

"We cannot shut our eyes to the fact that whereas every other borough in the country possesses a body directly representing the ratepayers, no such body exists in London.

"There is no one elected by, or responsible to the ratepayers.

"We propose to take London, as defined under the Metropolis Management Act, out of the counties of Middlesex, Surrey, and Kent, and we propose to create it a County of London by itself, with a Lord Lieutenant, a Bench of Magistrates, and a County Council of its own.

"We propose that the Council shall be directly elected by the ratepayers, as in all other counties and boroughs—that the franchise shall be the same—and that it shall consist, as in all other cases, of elected and selected members; the elected members sitting for three years, the selected for six years (one-half of their number retiring every three years).

"It will take over the licensing powers and all the duties

* Hansard, p. 1663, March 19, 1888.

of the Metropolitan Board of Works, which will cease to exist."

The "City" of London was to be allowed to retain its separate existence within the new County, together with its ancient privileges and immunities for the most part unaltered and untouched.

The Bill developed into an Act, which created a new central authority for London, under the title of the London County Council.

The area of the new "Administrative County" of London was made co-extensive with that of the former district of the Metropolitan Board of Works.

And to the new Authority was transferred the powers, duties, and liabilities of the Metropolitan Board of Works; and to those were added functions much wider and more extensive than those of that Board.

The Act also conferred upon the Council the power of appointing a Medical Officer of Health for the County, and additional powers of making bye-laws.

It did not, however, materially interfere with the Vestries and District Boards, nor did it alter their relation to the Central Authority. Practically it left them untouched.

The Council was to consist of 137 members, of whom 118 were to be elected triennally by direct election in the various metropolitan constituencies, and 19 to be elected by the Council itself as Aldermen.

Finally, the Act set a limit to the existence of the Metropolitan Board of Works.

While the Bill was going through Parliament the Royal Commission had been pursuing its inquiry into the allegations made against that Board, and had ascertained that several of the officials had been carrying on—

"... A nefarious course of proceeding by which they had been able to obtain for themselves large sums of money out of dealings with the Board's land."

And that—

"... Two of the members of the Board in the architectural profession had availed themselves of their repre-

sentative position to make personal profit out of some of the business which came before them."

Under the growing disfavour with which public authorities were regarded who were only indirectly elected, and so not amenable to the influence or control of the electorate, it is improbable that the existence of the Metropolitan Board of Works would have been much prolonged. But it was an unfortunate ending to a great public body which had done really great service to London.

Its own final words * may be quoted in its defence:—

"It has been a source of pain and sorrow to the Board that, at the close of thirty-three years' administration of the local affairs of London, which has been attended with at least some measure of success, and in the course of which the Board has carried out some of the greatest works of public utility of which any city can boast, its good name has during the last year of its existence been sullied by iniquitous proceedings of which, though carried on in its midst, its members as a body were entirely without knowledge. It is some satisfaction to remember, however, that a body of Commissioners, who in a judicial spirit made the most searching inquiry into the Board's proceedings, were able, while exposing the wrong-doings which were revealed to them, and justly distributing the blame, to speak of the Board, as they do in their report, in the following terms:—

"'It has had a multitude of duties to perform, and very great works have been constructed by it, which have transformed the face of some of the most important thoroughfares of the metropolis. And there has hitherto been no evidence that corruption or malpractice has affected or marred the greater part of the work which it has accomplished. The same may be said, too, in relation to the conduct of the vast majority of the members of the Board. We have received very numerous communications, some anonymous, some bearing the signature of the writers, impugning the action of the Board and certain of its members, but against the vast majority of them not even a suspicion of corruption or misconduct has been breathed. We believe that many

* See the last Report of the Board.

members of the Board have cheerfully given for the public good much valuable time, and have rendered most important public services.' "

The change in the constitution, nature, and character of the central authority of London effected by the Act was momentous and far-reaching.

Instead of an indirectly elected body such as the Metropolitan Board of Works, over which the inhabitants of London had practically no control, there was brought into being a body directly chosen by an electorate of nearly half a million of the ratepayers of the metropolis, responsive to the views and desires of the electorate, endowed with the great authority derived from its representative character, and entrusted with the carrying out of the views and policy of London as one great city.

London had been unified and welded together into one whole by the constitution of its new central authority; for the first time in his history it had been given a voice—the voice of one great city—and though much remained to be done before its entrance into its full rights as one city—and that the greatest which has ever existed in the world—the idea had been born, and had been embodied in the statutes of the realm that London was one great city, and not a mere conglomeration of petty jarring authorities.

The first election of councillors took place on January 17, 1889.

The first meeting of the Council took place on the 21st of March, when the Earl of Rosebery was elected Chairman, and the Council entered energetically on the work lying before it.

The sanitary evolution of London was vitally involved in the change, but it was at once discovered that the powers of the Council relating to the public health of London were of a very limited and unsatisfactory nature.

Matters concerning it were regulated by the Metropolis London Management Act and a large number of other Acts, the execution of which was in the hands of the Vestries and District Boards.

These bodies were practically uncontrolled, and no

machinery existed for securing any uniformity of administration in the different parts of the county.

And even the Metropolitan Board had not used certain powers it possessed of making bye-laws for certain sanitary purposes.

"We cannot," reported the Sanitary Committee of the Council, "too strongly emphasise our opinion that the London County Council should be empowered to frame bye-laws for the proper sanitary government of London, that the new or existing local bodies should put them in force, and that the County Council should be the supervising body to see that they are properly carried out."

A somewhat similar report was made by the Housing of the Working Classes Committee.

"The Committee," they said, "feels that until the law is strengthened, and fuller powers to enforce the law are placed in the hands of the Council, its action in dealing with insanitary areas will be of an imperfect character."

The question of the housing of the poor in London was at once energetically taken up by the new body.

Representations were made to the Government as to the necessity of the Acts relating to the housing of the working classes being consolidated and amended.

Consequent upon this, the Government introduced a Bill which was passed—"The Housing of the Working Classes Act, 1890,"* which repealed and codified fourteen enactments, all having for their object the improvement of the dwellings of the artizan and labouring classes, and the clearing away of unhealthy areas. Very large powers were placed in the hands of the Council and of the district authorities to secure the better housing of the working classes. And the Act may be said to mark a new era in the history of reform in the matter of insanitary areas, giving full power to the Council as a central authority to enforce its provisions.

Before the end of this decade Parliament passed two other Acts of great advantage to the health of London. One was, "The Infectious Diseases Notification Act, 1889," making the notification of certain specified diseases compulsory in

* 53 & 54 Vic., cap. 70.

London—smallpox, cholera, diphtheria, membraneous croup, erysipelas, scarlet fever, typhus, and other fevers.

In accordance with well-worn usage London had been left behind in this matter. Other cities and even towns had, by means of local Acts, secured the advantages of such legislation long before. So far back as 1874, indeed, machinery had been in existence in London for the notification of infectious disease in houses let in lodgings. But owing to the neglect of the majority of the Vestries and District Boards to make or enforce regulations under the Sanitary Act of 1866, that machinery was left unused to the great detriment of the people of London. Thousands of lives must have been sacrificed by this neglect, and innumerable cases of preventable disease not prevented. It was not until a general Act was passed that London became possessed of the advantages resulting from such notification.

In London, indeed, the health of cattle was better looked after in this respect than that of the people, for cases of infectious disease in cattle had to be notified to the Sanitary Authorities.

By this Act it was made compulsory on medical attendants to certify, and on householders to notify, the existence of any of these diseases.

Hitherto information as to infectious illness only reached the Medical Officer of Health after a sufficient time had elapsed to allow of the spread of the infection.

The results of the Act of 1889 were soon found to be very beneficial in checking the spread of disease.

The receipt of the notices of infectious diseases led to the more prompt and general disinfection of premises where infectious diseases prevailed, and led also to the discovery of sanitary defects which might not otherwise have been discovered.

The information, moreover, kept the Medical Officers of Health informed of the progress of disease not only in their own districts, but also in contiguous ones, and so assisted them to take prompt measures for the eradication of disease in their respective districts.

The other measure which passed the legislature in this

same year contained provisions of the highest importance as affecting the metropolis. This was "the Poor Law Act, 1889."

Until 1889 patients could be admitted only to the infectious hospitals of the Metropolitan Asylums Board on the order of the Relieving Officer and District Medical Officer, so, except in certain cases, the hospitals were only open to Poor Law cases.

This measure made practical concession of two principles. Free admission to the hospitals of the Metropolitan Asylums Board of sick persons in need of isolation, and devolution upon the Metropolitan Poor Fund of all charges incurred in the maintenance of the sick in those hospitals.

The Managers were, therefore, enabled to admit other than pauper patients reasonably believed to be suffering from fever, smallpox, or diphtheria.

The system was attended with the happiest results in reducing the amount of infectious disease in the metropolis, and proved a great boon to all classes of the community.

The Board in its annual report wrote :—

"The Managers are now, for the first time since the establishment of the Board in 1867, virtually recognised as the Metropolitan Authority for the provision of accommodation for the isolation and treatment of infectious disease—both pauper and non-pauper—and are now empowered to legally perform duties which the Legislature had imposed on the District Sanitary Authorities, but which the Managers had hitherto been called upon to perform in consequence of the failure of most of such Authorities to provide accommodation for non-pauper patients."

The Managers by this date had increased the accommodation for patients afflicted with any of these infectious diseases. There were six fever hospitals, 2,463 beds; 350 beds in smallpox hospital ships; and 800 beds in the hospital for convalescing smallpox patients.

One other Act* deserves mention before the close of this decade as it contained an unique section which required the Medical Officer of Health, on notice from the owner of

* The Customs and Inland Revenue Act, 1890, 53 & 54 Vic. cap. 8.

property in which there are separate dwellings let for 7s. 6d. or less a week, to visit them and examine all their sanitary arrangements, &c., so as to be able to certify or not—

"That the house is so constructed as to afford suitable accommodation for each of the families or persons inhabiting it, and that due provision is made for their sanitary requirements."

The certificate, if granted, was to be handed to the owner, who was then able to obtain the remission of the inhabited house duty.

The owner, therefore, obtained a remission of taxes to which he was justly liable, because the dwelling which he lets was in a sanitary condition!

In many ways, then, the sanitary evolution of the great city was developing satisfactorily, though by no means so rapidly as was to be desired, or as it might have developed if local governing authorities had done their duty.

"The war of the community against individuals for the public good," which had now lasted for over thirty years, and the war against disease in its most dangerous forms, was being waged with good effect; and though an immensity remained to be done, a great deal had been accomplished. Larger numbers of all classes were beginning to grasp the idea and to realise that the necessity of securing and guarding the public health was not a craze or form of mental aberration, but was of absolutely vital consequence, not merely to certain classes but to the great community of the metropolis and to the nation itself, and that the future welfare and power, even the very existence, of the nation are dependent upon it.

Larger numbers, too, were beginning to see who really were responsible for the widly prevalent evils, and who really were obstructing progress towards a higher standard of public health, and how little claim they had to consideration, either from the hands of the Legislature or of local administrators.

The reports of the Medical Officers of Health of the latter part of this decade were distinctly more hopeful in tone, and recorded more progress than ever before.

The catalogue of things in which improvement had taken place had lengthened—sewerage, water supply, the removal of refuse, paving, the regulation of offensive businesses, of cowhouses, dairies, and bakehouses, the provision of open spaces, the better disinfection of houses and of infected articles, the erection of hospitals for the isolation of cases of infectious diseases—all of which things were elemental necessaries if the public health was to be assured.

In some parishes, in place of the smaller class of houses, great blocks of artizans' dwellings had been erected. In others great blocks of flats.

With the increased wealth of the population finer buildings had been erected in many districts. London had grown enormously in wealth, and the wealth showed itself in finer public buildings and private houses. The District Board of Westminster, for instance, said in their report for 1885–6 :—

"Whether viewed as to its character, its statistics, its topography, or its sanitary condition, the change which Westminster has undergone in thirty years can only be described as a complete transformation."

"In the St. Margaret's portion, whole streets of fine houses which were occupied by the nobility and the wealthy for residential purposes are now let out in offices for the transaction of legal, scientific, or mechanical business, while narrow streets, wretched courts, and melancholy homes of squalid poverty and misery have been replaced by 'mansions,' 'flats,' &c.; and on the other hand by huge blocks of artizans' dwellings, comprising upwards of 1,200 homes."

The Education Act was indirectly producing some good results as regarded the health of the rising generation.

A most marked improvement had come over the mortality of children at school ages. Mortality has lessened—

5–10	years	30	per cent.
10–15	,,	32	,,
15–20	,,	30	,, *

* See speech by Sir L. Playfair in House of Commons, March 4, 1884. —Hansard, p. 529.

due to the fact that children had been gathered into the schools from their crowded and insanitary homes, and had thus escaped some of the perils of disease.

And the Medical Officer of Health for Lambeth referred to this same subject in his report for 1886 :—

"The children of the pauper and mendicant are withdrawn from the atmosphere of vice and intemperance to which their fathers had become acclimatised, and are placed under supervision in the schoolroom. . . ."

Some slight improvement there was also as regarded the mortality of children under five years, though in many parishes it was still fearfully high.

In Mile-End-Old-Town, for instance, in 1890 the deaths under five years amounted to 51 per cent. of all deaths. In Deptford district in 1890–1 they amounted to 50 per cent. In Bermondsey in 1889 they amounted to 52 per cent. In St. Olave, Southwark, in 1888–9 to 49½ per cent. In St. Mary, Newington, in 1890, very slightly under 50 per cent.

Infantile mortality was becoming of greater concern than ever as the birth-rate was showing a decided diminution—that for 1889 being the lowest on record since 1849.

Though the tables as to death-rate in many of the parishes were still more or less vitiated by various local circumstances, there was considerable unanimity that the death-rate was falling and the public health better. Some diseases which had previously claimed their victims by thousands, now only claimed them by hundreds. Death from tubercular disease had steadily fallen, and the mean death-rate from phthisis in London showed a very satisfactory decrease between 1861–70 and 1881–90.*

The *Lancet* of January, 1887, stated that, measured by its recorded death-rate, London was healthier in 1887 than in any year on record.

In the Strand in 1886 :—

"The efforts that have been made by the Board and its officers have resulted in a marked and continuous improvement in the sanitary state of the district."

* See Report from Royal Commission on Tuberculosis, 1898.

In St. Pancras in 1888 the death-rate was "by far the lowest yet recorded."

In Bermondsey, in the same year, "so few deaths have not occurred since 1865."

These and similar reports from other districts showed that sanitary progress was being made. But, unfortunately, in the autumn of 1888 there was an epidemic of measles of exceptional severity, which raised the death-rate. And in 1890 there was a sudden increase from 18·4 per 1,000 to 21·4, a mortality which was higher than any since 1882.

The increase served to show the great necessity there was for unceasing watchfulness and for steady perseverance in sanitary work. The forces of disease are ever on the watch for the opportunity to work their evil will, and there were still many weak places in the defences against them. The central government of London had been improved enormously, but the corrective was not extended to where it was most wanted, namely, the local Sanitary Authorities, the Vestries and District Boards.

CHAPTER VI

1891–1901

In 1891 the census once more gave authoritative figures as to the population of the metropolis of London. The population had increased from 3,830,297 to 4,228,317.

The increase had been in a somewhat lower ratio than the population of England and Wales as a whole, and the fact was notable inasmuch as it was the first time that such a phenomenon had presented itself, London having been found in every preceding intercensal period to have gained more or less in its proportions as compared with the country at large.

The movements of population had followed very much the same lines as in the previous decade. In the central parts—under the pressure of the great economic forces—the population had increased. In the outer parts it had increased, but "the wide belt of suburbs was beginning to show some signs of repletion."

Immigration into London had greatly diminished in the decade. Fewer immigrants had come from the various counties of England and Wales, and the proportion of the inhabitants of London who had been born elsewhere had fallen from 308 persons per 1,000 in 1881 to 283 in 1891.

Thus the influx of country people, mostly in the prime of life, and the admixture of fresh country blood into the urban population of London was undergoing diminution—a circumstance which, in the long run, would materially influence the physique of the people.

Three important facts came into view with the figures set

out in the census, giving food for thoughtful minds as regarded the future of London.

The first was that the rate of increase of the population had again slackened off. The flood tide of population was not now flowing so fast.

The second was that the population was being affected by migration. The natural increase of the population had been 510,384, the actual increase 396,199—so that London had lost by the excess of emigration over immigration more than 114,000 persons. This was the first time such an event had happened.

London's boundaries, however, were very arbitrary and haphazard, and this emigration was probably only to places immediately outside London for residence at night, whilst work was performed in London during the day—as illustrated by the "City" and the Strand, where huge differences existed between the day and night populations. The figures showed, however, a movement of population which was bound to have an effect upon the sanitary condition of the people.

A third and portentous fact, ascertained correctly by aid of the census figures, was the decline of the birth-rate in London. This had fallen remarkably since 1881. It was then 34·7 per 1,000 living. It was now 31·9.

Deducible from the census figures, reliable calculations could also be made as to the death-rate in the metropolis.

In 1891 it was practically the same as in 1881, being 21·4 per 1,000. It might be inferred that these latter figures did not afford much testimony to the effects of sanitary administration and labours, but the pause in the steady decline was only a temporary one.

The authoritative and accurate records thus afforded decennially by the census are invaluable in tracing some of the most important developments in the sanitary evolution of London.

Another very noteworthy change was also brought into prominence by the census. This was the continued rapid growth of the population immediately outside the boundaries of the County of London.

Between 1871 and 1881 it had increased 312,000. Between 1881 and 1891 it had increased by 469,000, and now in 1891 it stood at 1,405,000, having more than doubled since 1871.

A passage in the report of the Medical Officer of Health for Islington in 1895 illustrates this so far as his own district was concerned :—

"The fact cannot be burked that many of the better classes have gone further into the country to live, induced to do so by the increased facilities for travelling that railways have provided. . . The same facilities have also checked the influx of people to the same extent as formerly, so that now in northern London people are flocking to Hornsea and Hampstead and thereaway."

The fact was that the metropolis had burst its boundaries, and just as it had grown up around the "City" so now the "outer ring," as it was called, was growing up around it.

How little reliance could be placed on the intercensal estimates of Medical Officers of Health as to the number of inhabitants and the death-rate, is illustrated by the following passage from the report of the Medical Officer of Health for Islington in 1891 :—

"There was an error amounting to nearly 50,000 in the estimated population of the parish in 1891 ; consequently all statistics based on the estimated figures during the decade 1881–91 are more or less erroneous."

Also "the mortality returns were not kept in such a manner as to lead to accuracy, for while all deaths of non-residents were excluded, the deaths of residents dying outside the district in similar institutions were not included.

"It is impossible to make an accurate statement as to the correct meaning of the mortality returns—the returns are erroneous."

A similar miscalculation was made by the Vestry of St. George, Hanover Square. In their report for 1890–1 they stated that they had no reason to believe that the population was much different from what it was in 1871 and 1881. The census, however, showed that it had fallen over 11,000.

In each successive census the number of inhabited houses

in London was enumerated. In this one the number was 547,120—being an increase of nearly 60,000; but not much instruction was to be obtained from such general figures beyond the fact that houses were becoming more and more densely packed.

The substitution of blocks of dwellings for small houses had also made considerable progress during the intercensal period.*

The same reasons as to the diminution of the number of houses in the central parts of London continued to be given by Medical Officers of Health.

In St. George-in-the-East it had been brought about "by the extension of warehouses and the demolition of insanitary property." In St. Martin-in-the-Fields it was "due to many former residents having removed to the country, and to the demolition of so many houses for improvements." In the Strand to the fact that the district was becoming like all the central parts of London, "a business, as distinguished from a residential district." The Vestry of St. James' reported that "buildings formerly occupied as dwellings were being replaced by warehouses and business premises commanding a higher rent. As the centre of trade extends, this condition of things must be expected to continue, just as the increasing volume of trade has converted the City of London at night from a populous place to little more than a city of caretakers," and they drew attention to the "enormous number of people engaged in business in the parish during the day time who resided elsewhere."

On the south side of the river the same story was told. The Medical Officer of Health for Lambeth remarking in his report that—

"The displacement of population from the central districts of Lambeth, and the settlement of population in those districts which are situated in the outer ring, or on the circumference of the inner, is a part of a greater movement which affects the whole metropolitan area."

The census of 1891 is specially memorable by the fact that for the first time a mass of most valuable information

* See General Report of Census Commissioners, P.P. 1904, vol. cviii.

was obtained which was wholly new, and which threw a blaze of light upon the condition of the housing of the population of London.

For the first time full details were obtained and published as to the numbers of the people living in tenements of less than five rooms and the numbers and character of the tenements they lived in.

A tenement was defined as "any house or part of a house separately occupied either by the owner or by a tenant."

These tenements were classified into those of one room, two rooms, three rooms, and four rooms; and the number of persons inhabitating each of these classes of tenements was given.

The nearest approach to information of this sort had been given by Mr. Marchant Williams in 1884, but it was only for a particular area in London. The information now given related to the whole of London.

The total number of tenements in London in 1891 was stated to be 937,606.

Of these, 630,569 were tenements of less than five rooms. And of these—

172,502	were	tenements of	one room.
189,707	,,	,,	two rooms.
153,189	,,	,,	three ,,
115,171	,,	,,	four ,,

An examination of the detailed figures revealed some astounding facts.

In the central group of parishes and districts, in the parish of St. Luke 21,937 persons, or over one-half of the population, lived in tenements of one or two rooms; in Clerkenwell, over 33,000 persons; and in Holborn, over 16,000—practically one-half.

In the eastern group, in Whitechapel, close on 33,000 people, or over 44 per cent., lived in tenements of one or two rooms. In Shoreditch, over 50,000, or 40 per cent.; in Bethnal Green, 45,000 persons, or 38·4 per cent.; in St. George-in-the-East, 43 per cent. of the population.

In the northern group, in St. Pancras 95,000, or over 40 per cent., lived in tenements of one or two rooms; and in

one district of the Parish, namely Somerstown, 57 per cent. of the population were living in such tenements. In St. Marylebone over 58,000 lived in such tenements.

In the western group over 173,000 persons lived in tenements of one or two rooms.

And on the south side of the Thames, in Bermondsey close upon 24,000 lived in tenements of one or two rooms; in Camberwell, 30,000; in Lambeth, 61,000; in Newington, 31,000; in St. Saviour over 41 per cent., and in St. George-the-Martyr 26,000, or over 43 per cent.

And examining the numbers of persons living in one-room tenements, it appeared that in Chelsea one-tenth of the population lived in such tenements; in St. Marylebone somewhat less than a sixth; in Holborn a fifth; and in St. George-in-the-East between a fourth and a fifth. These figures show how large a proportion of the population began, spent, and ended their existence within the four walls of a single-room tenement.

The total result shown was that in the metropolis 1,063,000 persons, or one quarter of the population, lived in one- or two-room tenements, and 1,250,000 in three- or four-room tenements; making a total of over 2,310,000, or well over half of the population living in tenements of less than five rooms.

Of still deeper interest and import was the information obtained as to that dreadful factor in London life—"overcrowding." An effort was now for the first time made to get reliable information upon this matter. Hitherto it was only by piecing together the statements made by some of the Medical Officers of Health as to overcrowding in their respective parishes that one could form even the crudest idea of what the sum total in London actually amounted to.

Here, at last, was material enabling accurate calculations to be made, not only of overcrowding in each separate parish or district, but in London as a whole.

The Census Commissioners laid down the principle—

"That ordinary tenements which have more than two occupants per room, bedrooms and sitting-rooms included, may be considered as unduly overcrowded.

"We may," they wrote, "be tolerably certain that the rooms in tenements with less than five rooms will not in any but exceptional cases be of large size, and that ordinary tenements which have more than two occupants per room, bedrooms and sitting-rooms included, may safely be considered as unduly overcrowded."

By using the information given in the tables, and excluding all one-roomed tenements with not more than two occupants, all two-roomed tenements with not more than four occupants, all three-roomed tenements with not more than six, and all four-roomed tenements with not more than eight occupants, the desired information would be obtained. And they added :—

"Each Sanitary Authority is now provided with the means of examining with much precision into the house accommodation of its district."

Provided with the tables as to the occupants of tenements, the Medical Officer of Health for the London County Council, in his report for 1891, worked out the figures for the metropolis. The result showed that there were in London 145,513 tenements of less than five rooms apiece, in each of which there were more than two inhabitants per room, and each of which consequently was "overcrowded."

But it is when one ascertains the number of persons living in these overcrowded tenements that one realises what the extent of overcrowding was. In round numbers, one-fifth of the entire population of London lived in these tenements. The total population was 4,200,000; the number of "overcrowded" persons was 830,000.

A few illustrations of the overcrowding in certain parishes brings the meaning of these figures home still more.

In Clerkenwell, 25,600 persons lived in overcrowded tenements; in St. Luke, 18,700 persons; in Shoreditch, 41,700; in Islington, 64,600; in Kensington, 28,700; in Lambeth, 43,600. The larger proportion of these lived in one- or two-room tenements.

Figures are dry things to read and difficult to understand. To appreciate the true meaning and import of these, and to enable one who reads them to at all realise the conditions

of existence of these hundreds of thousands of people, one must recall to mind the descriptions given by many of the Medical Officers of Health of tenement-houses; of all the misery, the filth, the sickness, the physical and moral degradation of life in tenement-rooms.

These facts now for the first time revealed the full magnitude and momentous nature of the problem of the sanitary housing of the people.

The year 1891 is memorable in the history of the sanitary evolution of London for "the Public Health (London) Act, 1891," * which consolidated and amended the laws then existing in connection with the public health of the metropolis.

The state of the law was recognised as very unsatisfactory, being scattered over some thirty statutes or more—a condition of things which was greatly to the disadvantage of the public health of London.

Moreover, in accordance with the extraordinary custom, London, which on account of its huge population needed sanitary legislation almost more than any other place, had been excepted from much sanitary legislation which had been in operation for many years, with the most beneficial results, in the remainder of the country. Part of this legislation was at long last extended to London. Many amendments were made, recommendations of the Royal Commission of 1884 were given effect to, new provisions introduced, and the general result was a Sanitary Code for London—imperfect still in some important respects, but a great advance on anything which London had previously possessed.

The Act came into operation on the 1st of January, 1892, and it applied to the Administrative County of London only; some few of the provisions extending to the "City."

And for the first time the new Central Authority—the County Council—with extended powers, occupied a prominent place in this legislation.

Once more did Parliament enact the oft-ignored direction

* See speech of the President of the Local Government Board, Mr. Ritchie, in introducing the Bill in April. Hansard, 1891, vol. ccclii.

that "it shall be the duty of every sanitary authority to cause to be made from time to time inspection of their district" for detection of nuisances—a duty so shamelessly neglected—and "to put in force the powers vested in them relating to public health and local government so as to secure the proper sanitary condition of all premises in their district."

With a view to secure fit and proper persons as Medical Officers of Health and Sanitary Inspectors, their appointment was made subject to the regulations of the Local Government Board.

The Act greatly strengthened the law both as to the prevention and definition of nuisances. It provided for the immediate abatement of a nuisance, not only where actually proved to be injurious or prejudical to health, but also where it was dangerous to health. It gave to any person the right to give information of nuisances to the sanitary authority instead of that right being limited to the person affected by the nuisance; and it extended to a Sanitary Authority the power to take proceedings for the abatement of nuisances arising in the district of another authority should the nuisance injuriously affect the inhabitants of their own district. It transferred from the police to the local authority the enforcement of the provisions of the law against smoke nuisances. It dealt with the removal of refuse. It extended the previous laws as to the adulteration of food and drugs, and the inspection of articles intended for the food of man. It enacted that a newly-erected dwelling-house must not be occupied until a certificate had been obtained of the Sanitary Authority to the effect that a proper and sufficient supply of water exists; and made the provisions as to the occupation of underground rooms as dwellings more stringent and effective.

The notification and prevention of the infectious and epidemic diseases, the provision of hospitals, ambulances, and many other branches of the great subject—the health of the public—were legislated upon. Additional duties were imposed on the Sanitary Authority in the matter of disinfection; the practical result of which was that the

whole cost of disinfecting houses, and cleansing and disinfecting bedding, clothing, &c., was thrown upon the rates. In several matters the option given in previous legislation to local authorities to administer the law was taken away, and the duty made imperative. Parliament evidently had realised the hostility of many of the Vestries to administering some of the principal provisions of sanitary law, and the word "shall" figured much more frequently than ever before.

The hitherto optional provision of mortuaries by the sanitary authorities was made compulsory, the need for suitable and convenient places for the reception of the dead during the time that bodies are awaiting burial having long been felt, particularly in the poorer districts, where bodies awaiting burial were of necessity frequently kept in living rooms under conditions dangerous to health, especially where the case was an infectious one.

Among these "shalls" was that most important of all health subjects—overcrowding—and the condition of the tenement-houses of London. In this matter the local authorities had through a quarter of a century been tried in the balance and found wanting, and it was enacted (Sec. 94) :—

"Every Sanitary Authority *shall* make and enforce such bye-laws as are requisite for the following matters (that is to say): (*a*) for fixing the number of persons who may inhabit a house, or part of a house, which is let in lodgings ; (*b*) for the registration of houses so let or occupied ; (*c*) for the inspection of such houses ; . . . (*d*) for enforcing drainage for such houses, and for promoting cleanliness and ventilation in such houses ; (*e*) for the cleansing and lime-washing at stated times of the premises ; (*f*) for the taking of precautions in case of any infectious disease."

In another matter, which the Vestries had long opposed, their hostility was overborne. They were now required to appoint "an adequate number of fit and proper persons as sanitary inspectors," and, in case of their failure to do so, the Local Government Board was enabled, on the complaint of the Council, to order the appointment of a proper number.

The new Central Authority, directly representative of the whole of London, was not constituted the chief sanitary authority for London, nor even a sanitary authority. It was given power to make bye-laws for the prevention of nuisances of various sorts in London, except as regarded the "City," to license cow-houses, and slaughter-houses, to appoint Inspectors to inspect them, and also dairies and milkshops, and it could extend the number of infectious diseases to be notified.

But most important of all was the power given to the County Council (by Section 100), which enacted, on it being proved to the satisfaction of the Council, that any Sanitary Authority (except the Commissioners of Sewers of the City) had made default in doing their duty under this Act with respect to the removal of any nuisance, the institution of any proceedings, or the enforcement of any bye-laws, the Council might institute any proceedings and do any act which the Authority might have instituted and done, such Authority being made liable to pay the Council's expenses in so doing.

And, furthermore, Section 101 provided that "when complaint is made by the Council to the Local Government Board that a Sanitary Authority have made default in executing and enforcing any provision which it is their duty to execute or enforce under the Act, or of any bye-law made in pursuance thereof, the Local Government Board, if satisfied after due inquiry that the Sanitary Authority have been guilty of the alleged default, and that the complaint cannot be remedied under the other provisions of this Act, shall make an order limiting the time for the performance of the duty of such authority in the matter of such complaint. If such duty is not performed by the time limited in the order, the order may be enforced by writ of mandamus, or the Local Government Board may appoint the Council to perform such duty," and the expenses were to be paid by the Sanitary Authority in default."

"It seems to me right and proper," said Mr. Ritchie in introducing the Bill, "that in regard to the great question of public health in London the County Council ought to

be charged with the performance of duty, which in the opinion of the Local Government Board after inquiry, has not been adequately and properly performed by the local authority."

These sections were strongly opposed by some of the prominent Vestries, being held to be "degrading and destructive of local self-government by completely subordinating the local to the central authority."

The self-government which many people like is the being able to do exactly as they themselves like, regardless of everybody else's likes and rights. And it is the same with many local government authorities. Their idea of self-government too often is to govern for their own objects, and their own interests, regardless of the infinitely greater interests and rights of the great community around them; and when it is brought home to them that they are only a small integral part of a great community, that their sphere of self-government can only be a very limited one, and that they cannot be allowed either by action or neglect to injure the community, they resent it with no little outcry.

The principle of self-government, however, was not one to which appeal could be made, for it had been dragged through the mire by too many of the local authorities. Once the unity of London assumed definite shapes, as it did in the new Central Authority representing the whole of London, Vestry self-government, except upon certain lines and within certain limitations, was doomed; for it would have to make way for a far larger system of self-government—the self-government of London by Londoners.

Moreover, prolonged experience had proved that the Vestries could not be relied on to enforce the laws, and it was manifest that some effective provision must be devised for preventing them perpetually thwarting the intentions and defeating the imperative enactments of Parliament designed for the welfare of the community at large.

It was unfortunate, however, for the sanitary welfare of great masses of the people of London that the principle thus recognised and adopted by Parliament was not given fuller effect to than it was, for it is the only principle upon which

any really sound system of public health administration for London can be based.

A few years later the principle was reaffirmed by Parliament.

During the summer of 1892 the appearance of cholera on the west coast of Europe—particularly Hamburg—exposed London to the importation of cases of this disease. The unsatisfactory position of the Council with regard to London administration for the prevention of epidemic disease was at once made evident.

In order to remove doubts as to the Council's responsibilities as to the administration of the law relating to epidemic diseases, a provision defining the Council's position was included in the Council's General Powers Bill, which was passed by Parliament in 1893. This provision was to the following effect:—

"The Local Government Board may assign to the Council any powers and duties under the epidemic regulations made in pursuance of Section 134 of the Public Health Act, 1875, which they may deem it desirable should be exercised and performed by the Council.

"If the Local Government Board are of opinion that any sanitary authority in whose default the Council has power to proceed and act under the Public Health (London) Act, 1891, is making or is likely to make default in the execution of the said regulations, they may by order assign to the Council, for such time as may be specified in the order, such powers and duties of the sanitary authority under the regulations as they may think fit."

Parliament thus once more emphasised the policy of the local sanitary authorities being subordinated to the Central Authority.

The new Central Authority—representative of the people of London—gave early evidence of vitality and energy. The heir had come into his property, with high ideals as to its government, and as to the welfare of the people. A new power had suddenly been brought into London life—an unknown but vigorous force. A capable staff was at once organised, and a Medical Officer and Assistant Medical

Officer of Health appointed. Inquiries and investigations into the various matters most concerning the welfare of the citizens of London were at once undertaken, and conclusions arrived at, and action taken, with a thoroughness and a rapidity hitherto unknown in the administration of London affairs.

Bye-laws were made to regulate and unify the administration of sanitary laws by local authorities.

Several of the water companies were induced to give a constant supply of water to an increased extent.

And great efforts were made to utilise the powers conferred upon the Council by the recently passed Acts—the Housing of the Working Classes Act of 1890, and the Public Health (London) Act of 1891.

It was at once felt that the problem which first faced the Council was the housing of the people, and the Council determined to attack it on every side.

In the belief that facilities of communication between the working centres of London and residences in healthier localities would help considerably to alleviate some of the worst effects of overcrowding, and towards the successful treatment of the great housing problem, action was taken to turn the Cheap Trains Act of 1883 to greater account, and to secure greater numbers of workmen's trains and more moderate fares; so as to enable workmen to travel cheaply between more distant homes and their places of employment.

That Act, which gave a large remission in the amount of passenger duty paid by railway companies, if the companies would provide a service of workmen's trains, and would convey workmen at less than the usual fares, had so far not been made much use of.

On investigation it was found that the facilities afforded to workmen, particularly on certain railways, were very inadequate. There were no workmen's trains at all on one important line—on another only one such train was run, whilst on several others the number of trains run was very small.

Representations were made to the Board of Trade and

negotiations carried on with the Railway Companies, and by degrees a considerable extension of the facilities for the conveyance of workmen was secured.

The Council gave its immediate and more anxious attention to those breeding-places and forcing-pits of disease and misery, the insanitary areas in London.

The Housing Act of 1890 (by Part I.) constituted the Council the authority for preparing and carrying into effect schemes for the clearance and improvement of insanitary areas which were of such size, and situation, and character, as to render their clearance and reconstruction of general importance to the County.

The tremendous task of dealing with them was rendered more difficult and costly by the obligation imposed by Parliament of providing housing accommodation for the persons displaced; for in the lack of easy means of communication with the outer parts of London it was held to be necessary to re-house the greater number of them in the same locality.

The Metropolitan Board of Works had simply acquired and cleared the properties, and disposed of the sites to companies or individuals, placing on them the obligation to erect houses for the working classes. Now, however, the Council determined itself to erect, let, and maintain, the necessary dwellings. The chief reason for the change was the difficulty experienced in finding companies or persons who were willing to undertake the erection of dwellings on some of the sites.

The Council had to complete several schemes which it inherited in an unfinished condition from the Metropolitan Board of Works, but it at once initiated many itself, and carried them through to a successful conclusion.

And as one after another of the insanitary areas was investigated, so again and again was revealed to public view the appalling condition in which thousands of people—in the very heart of London—dragged out an existence more bestial than human; horrors piled on horrors—a state of things all the more awful because it had been existing for an indefinite number of years—levying annually the

heaviest of tolls on those who came within its deadly sphere, and scattering its poison abroad among the community at large.

There was the Clare Market (Strand) Scheme, some 3½ acres—3½ acres of human wretchedness and disease and misery and filth. In one sub-area there were upwards of 800 persons to the acre. Here the death-rate was 41·32 per 1,000 in 1894; in another sub-area, the death-rate had been 50·52 per 1,000 in 1893; the death-rate for the whole area having been 39·03 in 1894. And in addition to this was the unknown sick-rate. There was the Webber Row Scheme in St. George-the-Martyr, Southwark—close upon 5 acres in extent, with a death-rate of 30·5 per 1,000. There were the Roby Street and Baltic Street areas in St. Luke, areas which "have about the worst reputation of any in London."

The largest scheme which the Council undertook was that known as "the Boundary Street Area" in Bethnal Green. Here some fifteen acres of old, dilapidated, crowded dwellings—dwellings so insanitary that the death-rate in them was over 40 per 1,000—were swept away, entailing the displacement of 5,719 persons; and the ground so cleared was laid out with wider streets, and a large open space and excellent buildings were erected thereon to contain 5,524 persons without crowding. The Prince of Wales once more testified his deep interest in the welfare of the poorer classes of London by opening the new buildings—a ceremony which took place on the 3rd of March, 1900—and delivering an impressive speech.

A summary of the work accomplished by the Council up to this time showed that the Council had provided, or was engaged in providing, accommodation for 35,950 persons at a total outlay of close upon £2,000,000, an amount of building operations which, if conducted at one spot, would have resulted in the formation of a town of nearly 36,000 inhabitants.*

The cost of this work was enormously heavy, owing to the fact that the arbitrator could and did award commercial

* Statement by the Clerk of the London County Council.

value for the land; but, as was pointed out by the Medical Officer of Health for the London County Council * :—

"The primary object of Part I. of the Act is not to provide artizans' dwellings, but to secure the removal from the midst of the community of houses which are unfit for habitation, and the faults of which are in large degree due to bad arrangement. Where houses are thus situated, and are in a number of ownerships, rearrangement can only be carried out by vesting the property in one ownership, that of a public authority, who can then, by the making of new streets and by complete rearrangement of the area, ensure that the conditions which in future will exist are such as are needed for the health of the inhabitants. The chief value of the Act is, therefore, not so much the provision of house accommodation which is fit for habitation, as the abolition of houses which are dangerous to health. Part I. is not, therefore, in itself so much a Housing Act as an Act for the removal of nuisances on a large scale."

But another reflection also suggests itself, namely, why should the ratepayers of London have been obliged to pay these high sums for property which, by the culpable neglect of the owners and their predecessors, had been allowed to sink into a condition not alone exceptionally dangerous to the lives of its inhabitants, but a constant danger to neighbouring districts—even to London itself. Surely in common fairness, those who had let it fall into such a state should have paid the penalty therefor, and not the public of London, who had had no part in bringing the property into such an evil condition.

Part II. of the Act was mostly a consolidation of Torrens' Acts, 1868 and 1882, with amendments. It enabled the Vestries or District Boards to take proceedings before a magistrate for the clearing and demolition of single houses unfit for human habitation, and obstructive buildings, and empowered them and the County Council to undertake schemes for the improvement of areas too small to be dealt with by the Council.

The owner might elect to retain the site after the demoli-

* See his Report for 1899, p. 63.

tion of the building, and in that case received compensation for the building only. If the Vestry or District Board acquired the site the same procedure as to compensation had to be followed as under Part I.

A few schemes were undertaken by Vestries under this Part of the Act, the Council making a contribution to the cost, and a few by the Council. Thus in St. George-in-the-East, from November, 1890, to the end of 1894, 224 houses were "represented" as unfit for habitation—gruesome pictures of dirt, dilapidation, and insanitation of every form and variety, and this, too, after nearly forty years of sanitary work by the Vestry. Many were closed by order of the magistrate, some by the owner, some pulled down, some repaired and re-let.

Part III. of the Act embodied the idea, originally started by Lord Shaftesbury in 1851, as to the erection of labouring classes' lodging-houses by the local authorities, and grafted several amendments thereon.

Power was given for the acquisition by the Council of land for the purpose of erecting lodging-houses thereon. Such land, however, was to be within the Council's jurisdiction. Under this part of the Act the Council erected a common lodging-house in Parker Street for the accommodation of over 300 persons. It also acquired several sites, including the Millbank estate, upon which it proceeded to build houses; and one of 38 acres at Lower Tooting for the erection of cottages thereon.

Altogether the work performed under the Act was considerable, and the housing for the accommodation of the working classes made sensible progress, the sites sold by the Metropolitan Board of Works to trusts, and public companies, and private persons, having been built upon and covered with artizans' dwellings.

Private building was proceeding at considerable pace, and in many parts of London the ground was becoming more overcrowded than ever with houses.

The older parts of London were being rapidly re-built, and open spaces at the rear of buildings were being gradually covered by buildings.

Of St. Pancras the Medical Officer of Health wrote (1896) :—

". . . There is a prospect that in course of time the whole of the open space about buildings may disappear. . . . Old houses possessing yards, areas, open spaces, in some form at the front or back or both, are being re-built in such a manner as to entirely cover the whole ground area two or three storeys up—leaving not a particle of open space."

The restrictions imposed by the Building Acts were of the most illusory character, and as the Acts were mostly future in their operation, and not retrospective, their effect was also limited. Any "owner" was entitled to re-build on "old foundations," no matter how crowded the houses were on the spot, so new buildings were usually only a resurrection in huger and more perpetual and objectionable form of the evils which ought, as far as possible, to have been eradicated.

During the year 1894 the London Building Law was consolidated and amended. The Act recognised, for the first time in London, the principle that, in addition to the height of the building being proportionate to the width of the street on which it abuts, the amount of open space about the rear of a building should also be proportionate to its height, and hence the future crowding of buildings on area was put under limitation.

But how small was the limitation, how small the concessions exacted from "owners" in this matter, and how miserably late they came in the history of London building operations.

The tendency of house construction in London was to ever larger size, to greater height. To how great an extent this had been carried on in the "City" was described by the Medical Officer of Health in 1894 :—

"It would be a fair and moderate estimate to put the superficial area (of the City) at *four square miles* instead of one. We have only to point to the construction of business premises—the piling of one floor over another for many storeys high, each floor being occupied by separate occupiers,

forming in itself a distinct tenancy, having all the rights and privileges of an independent building, and claiming as much attention from every branch of our municipal system as if it stood alone. . . . We have, in fact, to deal with about 28,000 separate tenancies, with a day population of 301,384."

In some of the more well-to-do parts of the metropolis great blocks of buildings were built and let out in flats, most of them with the minimum of light and air prescribed by narrow laws.

In other districts of London considerable numbers of small houses were removed, and large blocks of artizans' dwellings erected in their stead. Thus, in the parish of St. Luke, nearly one-fifth of the entire population resided in the ten blocks of artizans' dwellings which existed there.

In the earlier stages of the reform of the housing of London such buildings had been acclaimed as great improvements, as indeed they were. The later opinions of Medical Officers of Health were not so laudatory. Thus, in 1891, the Medical Officer of Health for Whitechapel, after stating that there were in his district 27 buildings having 3,127 apartments containing 12,279 persons, added that he was "not enlisted amongst the enthusiasts of this method of providing for the housing of the working classes." In 1896 he wrote: "All model dwellings are not equally models of good sanitary houses." And in 1897 :—

"The increased population are housed in huge barrack buildings which sometimes are constructed so as to allow light and air to permeate the rooms and sometimes not. The effect of this modern invention is to increase the density of population to a damaging degree. . . .

"That the direct influence of these barrack buildings upon the health of their occupants—more especially the children—is adverse, I have not the slightest doubt."

The Vestry of Shoreditch reported in 1892–3 :—

"'Model Artizans' Dwellings' do not appear to have been quite what their title implied. At Norfolk Buildings, Shoreditch, on the Medical Officer of Health causing them to be examined for a certificate for exemption from the inhabited house duty, the whole system of drainage was found to be in

a most defective and dangerous state. A number of cases of typhoid, diphtheria, and other infectious illness had occurred on the premises."

And a couple of years later the Chief Sanitary Inspector submitted to his Vestry a report on some so-called "model dwellings": "These blocks of buildings, 50 feet high, are packed together so as to exclude light and air, and four rooms occupy the site of two: evil conditions which the architect and owner were not only privileged to create, but also, and very practically, in so doing were they privileged to condemn unborn generations of people, whose necessities condemn them to live in these tenements, to endure the evils of their creation."

The Medical Officer of Health for St. James' wrote:—

"Block dwellings in such an area as St. James' do not provide the conditions in which healthy children can be reared, nor in which there can be a family life comparable with that possible in the open suburbs of London."

The Medical Officer of Health for St. Olave gave a description of Barnham Buildings:—

"Many of the rooms, &c., on the ground and first floor are generally very dark, and the buildings have not been maintained in a sanitary condition, notwithstanding the hundreds of notices that have been served the past five years. The average death-rate of the past five years of the unhealthy tenements was at least 49·6 per 1,000 and of the remainder at least 29·1."

The Medical Officer of Health for St. Marylebone gave an interesting explanation of the condition of this class of houses:—

"The following is a list of applications, under the Customs and Inland Revenue Act, 1891, from which it will be gathered that it is quite exceptional for a block of artizans' dwellings of even recent construction to be in a tolerable sanitary condition. The reason for this anomalous state of things is, that in the building of these dwellings the Sanitary Authority seems to have no power; a dwelling must be occupied before it comes under supervision."

In spite of these and many other drawbacks, however,

many of these buildings afforded accommodation far superior to that which had previously existed on the spots where they were erected, and provided residence for large numbers of people who otherwise might have been doomed to living in the worst class of tenement-house.

Closely connected with the Public Health Act of 1891 was another Act passed in the same year—"The Factory and Workshop Act."

The Select Committee of the House of Lords on the Sweating System had finished their inquiry and reported in 1890. The evidence given before it was, as regarded factories, workshops, and workplaces, very much a repetition of that which for thirty-five years had been detailed by Medical Officers of Health as regarded the dwellings of the people, but now obtaining greater publicity attracted more attention.

Overcrowding and insanitation of almost every conceivable kind pursued large numbers of the unfortunate workers from their overcrowded and insanitary tenements to their overcrowded and insanitary workplaces, and with the same disastrous results. And as regarded domestic workshops the conditions were even worse, workers spending their days and nights often in the one room—sometimes with extra workers brought in.

Want of light and air and overcrowding in workshops and factories are quite as serious matters as they are in inhabited houses.

The Select Committee, in their conclusions and recommendations, said:—

"The sanitary conditions under which the work is conducted are not only injurious to the health of the persons employed, but are dangerous to the public, especially in the case of the trades concerned in making clothes, as infectious diseases are spread by the sale of garments made in rooms inhabited by persons suffering from smallpox and other diseases. Three or four gas jets may be flaring in the room, a coke fire burning in the wretched fireplace, sinks untrapped, closets without water, and altogether the sanitary condition abominable."

"A witness told us that in a double room, perhaps nine by fifteen feet, a man, his wife, and six children slept, and in the same room ten men were usually employed, so that at night eighteen persons would be in that one room."

"In nine cases out of ten the windows are broken and filled up with canvas; ventilation is impossible and light insufficient—the workshops are miserable dens. We are of opinion that all workplaces included in the above description should be required to be kept in a cleanly state, to be lime-washed or washed throughout at stated intervals, to be kept free from noxious effluvia, and not to be overcrowded—in other words, to be treated for sanitary purposes as factories are treated under the factory law."

Lord Kenry, Chairman of the Committee, in his draft report, said:—

"It has been shown that the dwellings or shops in which the sweated class live and work are too often places in which all the conditions of health, comfort, and decency are violated or ignored. . . . Sanitary inspection is totally inadequate, and the local bodies have seldom done their duty effectually. At the East End of London generally the sanitary state of homes and shops could not possibly be much worse than it is."

And Mr. Lakeman (Government Inspector under the Factories and Workshops Act) said, in reference to workshops: "I think that the evidence given your Lordships upon the insanitary state of those places is not at all too black."

Once more the necessity of inspection was insisted upon. "On no point," wrote the Chairman, "was the unanimity of witnesses more emphatic than with reference to the necessity of more efficient sanitary inspection, not only of workshops, but of the dwellings of the poor."

And just as it was as regarded tenement-houses, inspection here was lamentably deficient, if not absolutely non-existent.

"The inspection at present carried on is totally in-

adequate, and nothing was more clearly proved before us than the fact that satisfactory results cannot be looked for from the system as it now stands." *

"Even when an unmistakable cause of unhealthiness is discovered, and steps are taken to remove it, the process of applying the remedy is slow and uncertain. The Local Board meets once a week or fortnight . . . the landlord is allowed a fortnight to carry out the work; three weeks may elapse before the inspector can go and see it, then perhaps nothing has been done; the summons, &c., takes time. In any case much valuable time is lost, and small-pox or fever is allowed to pursue its ravages with the source of the disease daily aggravated in intensity.

"At present the inspectors under the Factory and Workshop Act of 1878 have no power to deal with any nuisance which lies within the district over which the local authorities preside. On the other hand, the local inspector cannot interfere should he discover any breach of the Factory Act."

The Home Secretary, in moving the second reading of the Bill, explained its scope. He said:—

"The design and object of this Bill is to bring all workshops and all factories up to the same sanitary level, and to require the same conditions as to ventilation, overcrowding, lime-washing, and cleanliness to be applied to all kinds of workshops in which men alone, or women, children, and young persons are employed. The Bill does not deal with 'domestic workshops.' The President of the Local Government Board will introduce a Bill dealing with the public health, and the House may rest content with leaving what is called 'the domestic workshop'—that is to say, the working-man's home in which he works with the members of his family—subject to the provisions of the law of public health alone. It is obvious that in the domestic workshop you have not got the presence of the employer and the employé. You have the members of the same family . . . and it seems to me that we may

* P.P. 1890, vol. xvii. See fifth Report from the Select Committee of the House of Lords on the Sweating System.

allow him and his family to work in a place which is sufficiently good so far as sanitary conditions are concerned for him and his family to live in. Now that we are extending the sanitary provisions of the Factory Act to all workshops throughout the country, of whatever kind they may be except the domestic workshop, so that every cobbler's shop, every blacksmith's shop, every tailor's shop, will come under the provisions of the sanitary law, it seems to me foolish not to take advantage of the existing machinery provided by the local authorities, and the enforcement of the sanitary provisions, so far as workshops are concerned, is by this Bill given to the local authorities."

The passing of the Factory and Workshops Act (1891) and of the Public Health (London) Act of 1891 made the sanitary authorities primarily responsible for enforcing many new provisions. Those authorities were charged with the duty of securing the maintenance of the "workshops" in a sanitary condition, of preventing overcrowding in them, and of enforcing cleanliness, ventilation, limewashing, and freedom from effluvia, and securing the provision of sufficient sanitary accommodation.

Added to this was the sanitary supervision of the places of "outworkers." *

It would appear, however, that only in exceptional instances was any systematic attempt made in 1892 to carry out the new duties imposed by the Legislature upon the Vestries and District Boards.

In several instances the Medical Officers of Health drew attention to the impossibility of undertaking workshop inspection with their existing staff. Thus the Medical Officer of Health of Hackney:—

"Inquiry has revealed the presence of something like 2,000 workshops and dwellings of outworkers which, under this Act and Order, should be inspected to ascertain the presence or otherwise of any insanitary condition. With the present staff it is impossible that this can be attempted."

* See the Order made by the Home Secretary in November, 1892, "outworkers."

In St. Marylebone the Medical Officer of Health stated, in 1894, that the number of workshops and workplaces in his parish amounted to 3,550. And in 1895 he wrote: "The workplaces are so numerous in the parish that it is not practicable for them all to be inspected regularly with the present staff."

"Increased duties," wrote the Medical Officer of Health for Fulham in 1893, "having been placed on the sanitary staff by the 'Factory and Workshop Act' of 1891, relating to outworkers; but with the existing number of inspectors it is not possible to attend to them thoroughly, so that the Act in Fulham is almost 'a dead letter.'"

"In Islington," reported the Medical Officer of Health in 1895, "neither the factories nor workshops in the district, nor the smoke nuisances receive any attention worth mentioning, and so far as this district is concerned they may be said to have been entirely neglected.

"I look upon the inspection of factories and workshops as one of the greatest necessities of the present day, not only from a health point of view, but also from the social aspect."

The manifest solution of this difficulty was the appointment of additional inspectors, but the local authorities had a sort of horror of such appointments, though by this time they must have known that the benefit to workers and to the community generally would have been very great.

A report in 1892 of the Medical Officer of Health of St. George-the-Martyr shows the grievous need there was for inspection of one very important class of workshop:—

"I have inspected sixty-three retail bakehouses within the parish, and found them (with few exceptions) to be in a filthy and unwholesome state, dangerous alike to the health of the journeyman baker, who makes the bread, and to the public who eat it. Twenty-one were completely underground. . . . In times of heavy rainfall sewage forces itself through the draintraps of these cellars, soiling the sacks containing flour, and fouling the atmosphere."

Parliament again legislated about factories and workshops in 1895.

Under the Act a minimum space was required in each room of a factory or workshop of 250 cubic feet for each person employed. For the prevention of the infection of clothing, the occupier of a factory, &c., was prohibited from causing wearing apparel to be made or cleaned in a dwelling-house having an inmate suffering from scarlet fever or smallpox. An important step was also taken in extending the provisions of the Factory Acts to laundries, of which there were a great number in London, and where the workers stood in great need of improved conditions of work, and of public supervision.

Lamentable as were the results of the non-protection of the workers in workshops, still more lamentable and disastrous were they as regarded the 2,310,000 dwellers in the 630,569 tenements of less than five rooms. Up to 1889 regulations under the Sanitary Acts of 1866 and 1874 had been adopted in 31 of the 40 London sanitary districts. In only nine of these was any considerable use made of them. Had these regulations been put into force a great amount of overcrowding would have been prevented and the houses kept in a fairly clean and sanitary condition.

In the whole of London, with its 547,000 houses, only 7,713 tenement-houses were on the register in 1897, of which more than a half were in four parishes, namely: 1,500 in Kensington, 1,190 in Westminster, 840 in Hampstead, and 610 in St. Giles'; leaving 3,573 in the whole of the rest of London—a mere fraction of the tenement-houses of London.

In Bethnal Green (1894), "76·1 of the population lived in tenements of less than five rooms. No houses had been registered."

In Lambeth over one-half of the population lived in tenements of less than five rooms, and of these nearly one-third lived under conditions of overcrowding. There was one Sanitary Inspector to about 60,000 people. The inadequacy of the staff had been pressed upon the Vestry by the Medical Officer of Health from time to time for a number of years.

Considerable ingenuity was in many cases exercised by the opponents of the regulation of tenements in the working of the bye-laws which resulted practically in rendering them inoperative. In some cases all houses were to be exempted where the rent was higher than certain specified weekly sums. The result was that the "owners" promply raised the rent above these sums, and so secured their exemption, at the same time getting an increased rent. In others, the bye-laws gave the Vestry power to decide what houses should be registered, and thus enabled the Vestry to evade the necessity of registering any at all. In others, notices were to be given to the "owner" before a house was registered—the notice was not sent. And so, in one way or another, the imperative "shall" of Parliament was evaded by the largest proportion of the Vestries and District Boards.

As regarded the Vestries and District Boards who made a show of putting the regulations in force, the Medical Officers explained that, owing to the inadequacy of the staff of Sanitary Inspectors, it was "impossible" to inspect the houses regularly.

In other parishes and districts the number registered and inspected was but a fraction of the houses which ought to have been registered. In Bow (in Poplar) where none were registered, the Medical Officer of Health wrote in 1891: "I should say 4,000 houses require registration." In St. Mary, Newington: "At least 80 per cent. of the houses are occupied by members of more than one family." But as yet none were registered. And this same Medical Officer of Health pointed out how in his parish—"The indisposition that has hitherto been shown on the part of the Vestry to put into force the bye-laws for houses let in lodgings has led to great license in house-farming and house-crowding."

Where really put into operation the regulations had an excellent effect. Thus the District Board of St. Giles' said: "The advantage of these regulations has been very great."

And in Paddington the Medical Officer of Health stated: "The work done . . . has had an excellent effect."

Of some streets where houses were registered (1897–8)—"The whitewashing and cleansing has without doubt had a good effect. The streets have been freer from infectious diseases than they have been for several years past."

The advantages of the regulations in the administration of the health laws were time after time pointed out and insisted upon by many Medical Officers of Health.

The Medical Officer of Health for Westminster, where nearly 1,000 houses were registered, wrote (1899) :—

"The great advantage in legal procedure lies in the fact that a breach of them is a finable offence with a further daily penalty after written notice, and is not a nuisance subject to abatement within a certain time.

"If the conditions imposed by the bye-laws are carried out, no doubt one of the best methods for preventing overcrowding is thus achieved."

The advantage of this quicker procedure was manifest, for, under the other Public Health or Sanitary Acts, the whole process of dealing with, or getting a nuisance abated, took "a long time—a very long time," but the advantages did not appeal to people who did not want to use them.

Thus there was a most grievous neglect of duty on the part of the great majority of the Vestries and District Boards, with the inevitable result of the most disastrous consequences to the working and poorer classes all over London.

It must have appeared strange, in view of this glaring and scandalous neglect of duty by the Vestries in enforcing the regulations, that the London County Council as the Central Authority did not use the powers which they were supposed to possess of acting in the default of the local authorities, or of making representation to the Local Government Board of the neglect of those authorities.

The explanation was, that in the administration of this, absolutely the most important of all branches of the housing problem of London, the London County Council, had been left entirely out—had not even been given a voice in the framing of the bye-laws or regulations, and therefore had

no legal power to act. Regulations or bye-laws, drafted by the Local Government Board as "models" for adoption by the local authorities, suggested "exemptions" to what Parliament had directed—though there was not a single word in the 94th Section or in any part of the Act to justify such a suggestion—or suggested phrases in them which actually placed the enforcement or non-enforcement of the Act in the discretion of those authorities, this, too, though Parliament had made the explicit imperative enactment that these local authorities should make and enforce regulations.

Most of the Vestries made bye-laws under Section 94 of the Act, nearly all containing exemption or elusive clauses as suggested; some even avowedly reserving to themselves the option of registering or not registering houses, as they thought fit.

The London County Council was not in a position to act in their default, as these authorities could shelter themselves under the option contained in the terms of the regulations, and a representation to the Local Government Board would have been useless, as the same defence would be effectively made by the local authorities if called to account.

Thus, the deliberate enactment of Parliament was frustrated; the Act was prevented being a remedy for overcrowding, or even a protection against it, and except in a few parishes or districts where the great advantages of the Act were appreciated, all the dreadful evils of overcrowding were given free play, and allowed to flourish on as gigantic a scale as ever.

The effects of the inaction of the Vestries and District Boards were unfortunately not confined to the moment. A legacy of suffering, of misery, and physical deterioration was left to subsequent generations. Once more might hundreds of thousands of voices of the victims and sufferers have cried out: "While you remain inactive, death and disease do not." *

* Not much interest appears to have been taken in the proceedings of some of the Vestries. Thus, in 1891, the Vestry of Westminster

A special census of the population of London was taken on March 29, 1896, which showed that the population had increased to 4,443,018 persons, being an increase of 200,900; and the number of inhabited houses from 547,120 to 553,119.

As years had gone by, and the necessity and importance of sanitation had become more widely recognised, and as London had grown in size and increased in population, the duties of the Vestries had grown heavier, and the tendency of legislation was to broaden the basis of their action.

The mileage of public streets to be paved, lighted, cleansed, and watered, had multiplied two, three, and four times since 1855; the number of houses in many districts had more than doubled; the drainage work had increased proportionally; the scavenging and removing of refuse also. Nominal duties had become real ones, and new duties had been added—the disinfection of infected houses and infected clothes, the inspection of food, the working of the Food and Drugs Act—these, with numerous smaller matters, meant a very considerable amount of work, expense, and responsibility.

But all these were what one of the Vestries in their Report described as "well-worn grooves of familiar routine." In addition thereto, and now more than ever of primary importance, was the great duty of inspection—inspection of houses, and of rooms in houses, and of workshops, and often the consequent proceedings for the abatement of nuisances, or the punishment of offenders.

"House-to-house inspection," wrote the Medical Officer of Health for Islington in 1893, "is the only efficient remedy for extensive sanitary evils. It is the life and soul of sanitary work."

House-to-house inspection of their districts was the most necessary of all sanitary work—as it was the means by

complained of the lack of public interest in the record of their proceedings. "Only eleven ratepayers out of 8,800 have purchased copies (price 2d.) of the Reports of the Vestry in each of the last three years." (A few years later they reduced their Reports to a few pages.)

And in 1896 the Vestry of Kensington complained of the limited demand for their Annual Report, though it only cost 2d.

which most sanitary defects and malpractices were detected —but it was the first to be sacrificed under the increased pressure of work, and the last for which adequate provision was made.

"A house-to-house inspection has been attempted more than once," wrote the Medical Officer of Health for Islington in 1893, "but it has never yet been brought to a complete and satisfactory finish."

In fact the main breakdown of the Vestry administration in London was their antipathy to inspection, and their refusal to appoint a sufficient number of inspectors.

"The subject of overcrowding alone," wrote one Medical Officer of Health, "if properly attended to, would pretty well occupy the whole of the time of the present staff."

The complaints of the Medical Officers of Health were frequent and insistent on the inadequacy of the inspectorate. Thus the Medical Officer of Health for Fulham wrote :—

"The Vestry must clearly understand that the present staff of Sanitary Inspectors is quite inadequate to properly perform the duties devolving upon the Sanitary Authority. There is only one Sanitary Inspector to every 35,000 inhabitants. Should the Vestry persist in their refusal to employ an adequate staff, the inference will be unavoidable that they are unwilling that the Acts—for the faithful administration of which, in the interests of the public health, they as Sanitary Authority are responsible—should be properly carried out."

Interesting light is often to be found in the reports sometimes of the Vestries, and oftener of the Medical Officers of Health, upon various aspects of the great housing problem.

Sometimes a sentence enables so much else to be understood. Thus, in 1892, a Medical Officer of Health wrote :—

"Many persons think the Public Health Act an innovation on their privileges."

Describing the insanitary condition of 230 houses in Provost Street, Shoreditch, the Sanitary Inspector wrote in 1892 :—

"The difficulty of dealing with these houses has been greatly increased by the circumstance that the leases will expire in a very few years. There was, therefore, a very natural objection on the part of many of the leaseholders to execute substantial works, of which the freeholder would in a few years reap the benefit, and without contributing anything to the expense of the improvements."

This "very natural objection" entailed, of necessity, sickness and death upon a considerable number of persons.

The Vestry of St. Pancras wrote in 1893 :—

"The primary cause of houses and buildings becoming insanitary is the neglect of freeholders to compel lessees to comply with the terms and conditions of their leases. If the Vestry were empowered (where freeholders are negligent) to compel freeholders to cause lessees to carry into effect the covenants of the leases, the houses inhabited by the poorer classes would not become so wretchedly dilapidated and a scandal, but might be maintained in a fairly habitable condition."

The Medical Officer of Health for Bethnal Green exonerated some property owners, whilst fixing the blame on others.

". . . As a rule it is the professional insanitary property owner who has to be summoned time after time, and who exhausts every technicality and raises every possible objection, well knowing that in the usual way only an order costing some few shillings will be made against him."

Others, however, went further. The Medical Officer of Health for Islington wrote in 1893 :—

"Since 1891 there has been a steady forward movement, and . . . one now constantly hears of the persecution of the 'poor property owner.'

"That owner who for long years had everything his own way, and who did as little as he could to make things healthy for his tenants, knowing well that there were plenty of persons ready to occupy any or every house. Property has rights, but so has flesh and blood; and if it be right that property should be protected from unnecessary exactions, it is surely righteous that the health and lives of human beings should be safeguarded in every way."

And in the following year, writing about some insanitary bakehouses, he said: "It has always seemed to me a very absurd argument that because a place has been allowed to be occupied for a long series of years to the detriment of the health of the people working therein that therefore it must not be now abolished.

"If those insanitary places have been occupied for such a long time, surely they have more than recouped their owners for the money that has been originally spent on their erection?"

The Medical Officer of Health for St. James', after twenty-five years' work as Medical Officer of Health, declared in 1898:—

"The only practical course is to saddle the landlord with full responsibility for the neglect or misconduct of the tenants whom he harbours, at large rents, for his own profit."

In 1894 Parliament passed "The Local Government (England and Wales) Act," which included London in its scope, and which introduced great changes as to the electorate, the mode of election, and the qualification of vestrymen.

A new electorate on almost the widest basis was created, all persons, male or female, on the Parliamentary or County Council Register, including lodgers and service voters, and married women, who were themselves tenants of property, being made parochial electors; and the Vestry was to be elected under the provisions of the Ballot Act of 1872.

Thus the scandals hitherto associated with Vestry elections were for the future obviated, and greater publicity—that safeguard of all public bodies—was assured.

Additional powers were also obtainable under the Act by the Vestries on application to the Local Government Board, who could transfer to the Vestry the powers and properties of the Library Commissioners, the Baths Commissioners, and the Burial Board; the power of appointing the Overseers of the Poor, and some other powers and duties of more or less importance, possessed or possessable by Parish Councils. The elections were held on December 15, 1894.

The new Vestries, however, did not mend the ways of their predecessors as regarded "inspection."

Of Bethnal Green the Chief Sanitary Inspector said (1897): "With the existing staff (five Inspectors) and having regard to other work, it would take five years to visit all the houses in the parish—about 17,000."

The Medical Officer of Health for Kensington wrote (1898): "The staff is quite inadequate for the discharge of the duties devolving upon your Vestry as Sanitary Authority."

And the Medical Officer of Health for Hammersmith wrote in 1899: "The house-to-house inspection of the district is now nearly completed, and has taken six years to accomplish. The result of the inspection is in the highest degree satisfactory . . . nevertheless it cannot be contended that inspecting the district once in six years is properly carrying out the 1st Section of the Public Health (London) Act, 1891."

A series of investigations was made by the Medical Officer of Health of the London County Council, or by his assistant, into the sanitary condition of various parishes or districts, and an instructive light thrown upon the administration of their affairs by their respective local governing authorities.

Almost uniformly, so far as they were concerned, it was found that bye-laws as to houses let in lodgings were not enforced, and no, or practically no inspection of workshops, of which there were thousands, nor of "outworkers" had been carried out, and that the sanitary staff was quite inadequate for the work.

Though much was thus most unsatisfactory, yet in many other important matters which vitally affected the public health, considerable progress was being made.

In the matter of water supply a steady but slow improvement had, under public pressure, taken place. In 1892 a Royal Commission was appointed to inquire as to whether the existing sources of supply were adequate, and it reported in the following year.

"We are strongly of opinion," they said, "that the water as

supplied to the consumer in London is of a very high standard of excellence and of purity, and that it is suitable in quality for all household purposes. We are well aware that a certain prejudice exists against the use of drinking water derived from the Thames and the Lea, because these rivers are liable to pollution, however perfect the subsequent purification by natural or artificial means may be; but having regard to the experience of London during the last thirty years, and to the evidence given us on the subject, we do not believe that any danger exists of the spread of disease by the use of this water, provided that there is adequate storage, and that the water is efficiently filtered before delivery to the consumers."

This statement was to a certain extent satisfactory, but the fact remained that both the Thames and Lea still received sewage effluents above the intakes, and considerable pollution from other causes; and that diseases might still be water-borne and water-distributed by them. The thoroughness of the filtration also was often open to doubt.

Improvement was gradually being effected in the system of removal or disposal of filth and refuse of all sorts and kinds; the sweepings of the streets, the refuse from houses. According to the general practice of the local authorities the great bulk of this stuff was first brought to yards or places, the property of the authorities, and there sorted or sifted and sent down the river or along the canals in barges, or sometimes even by rail to the country. But the system was costly and insanitary and inefficient, and as was pointed out —"it could not be deemed satisfactory when large metropolitan districts inflict their filth upon smaller communities in urban districts."

A system of destroying much of this filth by fire had been devised, and gradually was adopted by the local authorities. It was found that with a properly constructed and efficient destructor no nuisance need result, and this method of disposing of house refuse was much more desirable from a sanitary point of view than that usually adopted by London Sanitary Authorities.

A certain number of local authorities adopted this method

to the great advantage of the community, and though there is still much to be done in this direction, the change, so far as it has gone, has undoubtedly minimised a great evil.

Both numerous and various are the measures which have to be taken for the protection of the public from disease. One of the most essential of these was disinfection—the disinfection of rooms where there had been infectious or contagious disease, and the disinfection or destruction of clothing or articles used by the person suffering from the disease. The process of disinfection originally was of the most primitive character and doubtful efficacy, but the progress of science had elaborated really effective methods.

In 1866 the local authorities had been given power to provide a proper place with all necessary apparatus, &c., for the disinfection of infected clothing, &c., free of charge, and to give compensation for articles destroyed. Thus every inducement was given to the public to get infected articles disinfected. But many years were to pass before provision by the Vestries was extensively made.

By the Public Health London Act, 1891, this provision was made imperative on the local authorities.

Disinfection by steam was considered practically the only efficient system. By 1895 twenty-four sanitary authorities had provided themselves with this apparatus, six with an apparatus whereby disinfection was effected by dry heat, and eight had arranged with a contractor.

When it is a fact that a few infected rags could let loose disease of the worst type upon a community, the advantages to the public of the general practice of disinfection were incalculable. And in London the advantages were specially great.

In almost every district hundreds of houses were disinfected every year, and thousands—even tens of thousands—of articles.

The system of the compulsory notification of infectious diseases facilitated greatly the work of disinfection, for by informing the authorities where cases of such disease occurred it enabled them to scotch disease in its breeding-places, and so it was of the greatest benefit to the com-

munity. How great may be gathered from the following figures.

The number of cases of Infectious Diseases in London notified under the Act of 1889 were:—

29,795	in	1890
46,074	,,	1892
67,485	,,	1893
49,699	,,	1896
42,344	,,	1899

Of those in 1893:—

36,901	were	cases of	Scarlet Fever
3,633	,,	,,	Enteric ,,
22	,,	,,	Typhus
13,026	,,	,,	Diphtheria
2,813	,,	,,	Smallpox

Great work was being done in the prevention of the spread of infectious disease in London by the Metropolitan Asylums Board, in whose hospitals thousands of persons suffering from such disease were isolated.

Dr. G. Buchanan, Chief Medical Officer to the Local Government Board, wrote in 1892:—

"In regard to some infectious cases, notably those of scarlet fever and diphtheria, there are no means at all to be compared to isolation in hospital for preventing the spread of a limited number of cases into a formidable epidemic.

"And the wonderful and repeated checks to small outbreaks of smallpox in the metropolis in the course of the past seven years bears overwhelming evidence to the truth of this dictum."

As the population of the metropolis increased in density it became more and more necessary in the interests of the people as a whole to make proper and sufficient provision for the prompt isolation of those of its inhabitants who might be smitten with infectious disorders.

Home isolation in London was difficult even under the best circumstances, but in the smaller tenements it was impossible.

"The removal to hospital of so many of the cases (of

scarlet fever) is a vast blessing to this neighbourhood," wrote the Medical Officer for St. Mary, Newington, in 1897.

For some time a growing tendency on the part of the public to accept hospital treatment for infectious cases had been evinced.

"The 'depauperisation' of the Hospitals had led to a great increase in the admissions, so that the public are on the whole very willing to take advantage of the facilities offered for having their infectious sick cared for in hospital, whereby the other members of the patient's family can follow their avocations without hindrance and without risk to the public generally."

The Chief Sanitary Inspector for Bethnal Green gives information as to the numbers who from his parish availed themselves of the hospitals.

"A satisfactory feature, and of the greatest assistance in dealing with infectious disease, is the large number of patients now sent to hospital. This year nearly two-thirds of the cases notified were removed. The importance of this either to the patients themselves or to the public can hardly be overestimated."

By the Public Health London Act, 1891, every inhabitant of London suffering from any dangerous infectious disease was entitled to free treatment at one of these hospitals.* On receipt of notice an ambulance was at once sent for his removal.

Year by year greater use was made of the Board's hospitals, and at times there was not sufficient room in the Metropolitan Asylums hospitals to receive all the cases. In 1892 the total number of patients received amounted to over 13,000, there being at one time 4,389 patients suffering from all classes of fever or diphtheria receiving treatment in the hospitals, whilst in 1893 the admissions amounted to 20,316.

By 1895 the Board had eight fever hospitals, including diphtheria, with 3,384 beds; three ships for smallpox cases

* See 3rd Report from Select Committee of the House of Lords on Metropolitan Hospitals, 1891.

with 300 beds; and a large hospital for convalescents with 1,200 beds. By 1898 the accommodation had reached the large total of about 6,000.

The Chairman of the Metropolitan Asylums Board, reviewing in 1897 the thirty years' work of the Board, said:—

"Whilst, during the first twenty years of the Board's experience, London was again and again visited with epidemics of smallpox, during the past seven years it has, thanks to the action of the managers in having removed to and isolated at Long Reach all cases of the disease, been practically non-existent as a health disturbing factor.

"The percentage mortality of smallpox cases treated by the Board decreased from 20·81 in 1871 to 4·0 in 1896, and the annual mortality from 2·42 to practically zero."

The rate of death from diphtheria also showed a continuous fall, and this fall had been coincident with the introduction and increasing use of the anti-toxic serum treatment of the disease.

A valuable criticism on the existing machinery for the sanitary government of London was given in a report of the Metropolitan Asylums Board Statistical Committee in June, 1892:—

"Although London possesses an ambulance service and a system of hospitals admittedly unrivalled, yet it has no central authority charged with the duties of tracing out an outbreak of this infectious disease (smallpox), and of taking concerted action towards stamping it out by measures of disinfection and vaccination and re-vaccination.

"These matters still remain in the hands partly of the 41 local sanitary authorities, partly of the Local Government Board, and partly of the London County Council.

"Clearly the present arrangements are not only cumbrous and incapable of that rapid action essential to success in dealing with infectious disease, but they are also excessively expensive."

In connection with hospital accommodation there were two other factors in the sanitary evolution of London. One

of these was the provision made by the Poor Law for the treatment and care of the sick poor.*

Previous to 1867 the accommodation provided by the Poor Law for the sick was in the sick wards of the workhouses. The Act of that year, which had established the Metropolitan Asylums Board, laid the basis for the removal to separate hospitals of paupers suffering from the worst forms of infectious disease. The same Act authorised the building and establishment of Poor Law infirmaries, thus removing most of the sick from the workhouse wards, giving them better treatment and better prospect of recovery.

In 1892 the number of new infirmaries was 24, containing 12,445 beds; but a large proportion of the sick were still kept in the workhouses, the returns for 1890 showing about 4,000 occupied beds in them.

And, in addition to these institutions, there were Poor Law dispensaries. The establishment of these dated from 1870, and by 1890 there were 44 of them. The immense amount of work they did is shown by the following figures: "In 1890 nearly 120,000 orders were given to Medical Officers for attendance on patients, 53,572 being seen at their own homes, and 59,149 at the dispensaries. It is calculated that there are about eight attendances on each order. Favourable opinions were expressed as to the quality of the treatment afforded at them."

There is no means of even forming an estimate of the results of these great remedial agencies, but that they were an immense advance on previous arrangements for the treatment of the sick poor is a well-established fact.

The Lords Select Committee reported that:—

"The evidence on the whole appears to indicate a general recognition of the high standard of efficiency attained by the best of the new infirmaries.

"The poor do not generally regard the infirmary as they do the workhouse; they look upon it rather as a State-supported hospital; they come to the infirmary, are cared

* See the Report of Select Committee of House of Lords on Hospitals, P.P. 1892, vol. xiii.

for, cured, and go out again without feeling that they are tainted with pauperism."

The other great factor in the sanitary evolution of London was the group of great hospitals—general and special—supported, not by the State nor by aid from the local rates, but by the charitable public, and governed and managed and worked not by officials, paid either by the central or local authorities, but by men—lay and medical—who, from the highest and most public-spirited motives, devoted themselves to this responsible work.

The general hospitals in 1890 numbered nineteen—some of them great institutions, such as St. Bartholomew's, St. Thomas's, Guy's, the London Hospital; and the number of special hospitals—many of them small—was stated to be 67 in 1890.

"The total number of beds in the general and special hospitals in London combined was stated by Dr. Steele to be 8,500, of which 6,500 are continually employed. But according to Mr. Burdett—8,094 and 6,143."

"The vast numbers of persons who are treated in out-patients' departments of hospitals, the number treated at the eleven hospitals with schools, were estimated by one witness at over half a million."

Here, again, no precise estimate can be formed of the part these great institutions have taken in the sanitary evolution of London. That their part has been a really great one is evident without figures—proved not only by the millions restored to health and capable citizenship, but even more by their adopting and reducing to practice, and placing within the reach of the whole community, the vast benefits following the great scientific discoveries of recent times.

Among the many causes of insanitation, and all its miserable accompaniments, one of the most hopeless and most difficult to deal with has always been intemperance or "drink." Statistics give no means of estimating its disastrous consequences, but these consequences always have been, and still are, of the most deplorable kind. The overcrowded dwellings and bad sanitary arrangements constantly tended to increase the habit of intemperance, and

the moral degradation caused by drink made people indifferent to their housing, and lead to the poverty which increased overcrowding and insanitation.

In London the facilities for obtaining drink are practically unlimited. In the evidence given before the Royal Commission on Liquor Licensing Laws, which was appointed in 1896, it was stated that—

"In Soho District, in an area of a quarter of a square mile, there were 1950 inhabited houses and 116 public-houses. In another district, a little over half a square mile in extent, there were 259 public-houses (excluding restaurants and private hotels)."

Down one mile of Whitechapel Road there were 45 public-houses.

"The streets branching off, the hinterland, are also thickly supplied; some exactly opposite each other."

"In one street in St. George-in-the-East so crowded are the public-houses that there are 27 licensed houses out of 215 houses."

And these facilities are intensified by the great number of hours during the day in which licensed houses keep their doors open to all comers.

Parliament has done but little to mitigate this terrible evil. Happily, however, other influences are at work.

The Royal Commissioners in their Report in 1899 said:—

"Most persons who have studied the question are of opinion that actual drunkenness has materially diminished in all classes of society in the last twenty-five or thirty years. Many causes have contributed to this. The zealous labour of countless workers in the temperance cause counts for much. Education has opened avenues to innumerable studies which interest the rising generation. The taste for reading has multiplied manyfold within a comparatively brief period. The passion for games and athletics, which has been so remarkably stimulated during the past quarter of a century, has served as a powerful rival to 'boozing,' which was at one time almost the only excitement open to working men." And then followed this weighty statement: "Yet it is undeniable that a gigantic evil remains to be

remedied, and hardly any sacrifice would be too great which would result in a marked diminution of this national degradation."

And the Chairman of the Commission (Viscount Peel), the Archbishop of Canterbury, and seven Commissioners in a Minority Report stated that—

"The broad facts remain unchallenged of the prevalence of the evil arising from drink."

That drink and insanitary housing constitute a vicious circle should by no means deter the most vigorous efforts being continued to improve the conditions of housing and to raise the standard of the public health.

There was widespread testimony through the latter half of the decade that the public health in London was improving. Thus the Medical Officer of Health for the Bow District in Poplar wrote in 1895: "We have only to remember what London used to be, and consolation can be found in the comparison. Epidemics are not so frequent, disease is not so virulent, and those attacked stand greater chances of recovery through better and more skilful treatment."

And the Medical Officer of Health for Paddington in 1896: "There has been a steady diminution in water-borne disease since efficiently-filtered Thames water has been substituted for the numerous wells and pumps of former days."

The Medical Officer of Health for the Strand reported in 1897: "The Strand District (as to health) compares favourably with other years. The result of your labours is a steady improvement in the health of the inhabitants."

And the Medical Officer of Health for Islington in 1897 reported the death-rate as 15·80—the lowest since registration was introduced in 1837.

In Whitechapel "the policy of your Board has resulted in a considerable saving of human life." The death-rate for the district in 1879 was 26·0 per 1,000, and in 1899 it was 19·3 per 1,000.

In Battersea the death-rate was 26·8 in 1871, and 17·6 in 1901.

But infantile mortality did not show a similar rate of improvement. In many parishes there was a decided improvement. In many, however, infantile mortality remained at a very high rate.

In Bethnal Green, in 1893, nearly half the total deaths were of children under five years of age—a figure which drew from the Medical Officer of Health the remark: "The ignorance of women of the working classes on the subject of infant feeding is colossal." In 1896 it was 51·5 per cent., and in 1898 it was 49·7 per cent.

In Poplar the Medical Officer of Health wrote, in 1895: "I think it my duty to point out the terribly high rate of infant mortality. . . ."

In	Of 1,000 Births in 1895 Died under 1 Year.
Bow	179
Shoreditch	199
St. George's-in-the-East	196
Limehouse	202

"It is an awful state of affairs that so many young children die every year."

In Shoreditch, in 1896, 49·1 per cent. of the total deaths were of children under five; in Islington, in 1896, 42·4 per cent.; in Hackney, in 1898, 40·9 per cent.; in Fulham, in 1896, 51 per cent.

On the south side of the river—in St. George-the-Martyr, in 1894, it was 58 per cent. of the total deaths; in St. Olave, Southwark, 48·6 per cent. in 1896.

A most hopeful sign was the greater public interest taken in matters pertaining to the public health.

The Medical Officer of Health for Islington wrote in 1892:—

"With the advance of education the public and Parliament appreciate the importance of more and more safeguarding the public health."

In 1895:—

"They (middle class) will not tolerate the sanitation of a few years ago; indeed, they expect that the houses they live in will at least be rendered safe against the entrance of

sewer gas, and themselves safeguarded against infectious disease."

And the Medical Officer of Health for the "City" in 1894:—

"Attention has been more particularly directed to premises and dwellings of the better class, the occupants of which are becoming more and more exacting owing to the increased knowledge acquired by the public on all sanitary questions. Some of these premises are of great size and employ many hundreds of persons, and many enormous insurance, banking, and gigantic commercial establishments."

And that there is a community of interest in a healthy London was becoming more widely realised. That the fact should have taken so long to be grasped is extraordinary as it was so manifest a one. Over and over again it had been proved that disease was not restrained by the paper boundaries of parishes, and that once set alight anywhere no limit could be put to its widespread devastations. An unhealthy area in any part of the metropolis constituted a danger to the whole. Nor was disease a respecter of classes. All were interested in keeping it away.

And, after many painful lessons, people were realising much more than formerly that disease was a most costly infliction. The Medical Officer of Health for St. James', Westminster, in his report for 1893, set out the business aspect of it:—

"The position of St. James', as the shopping centre for the best retail trade of the West-end of London, makes the district more and more a city of luxurious shops, hotels, clubs, and lodging-houses. Increasing facilities for travel to the suburbs, and the increasing value of premises, necessitate its utilisation for business purposes during the day, and its comparative desertion at night. . . . Its resident population of 25,000 persons is therefore an inadequate exponent of the activity of its daily life, of the importance of its retail trade, and of the necessity for active sanitation. An outbreak of smallpox or of cholera would at once so damage the trade of the district as to inflict upon its ratepayers a thousand times the cost which is now incurred

by their preventive sanitary service, and by the prompt removal of infectious cases to suburban hospitals as is now done."

But that was only a single and a limited case.

The industrial classes realised to a greater extent than ever before the disastrous results to themselves and their families of sickness and ill-health; the prolonged suffering, the loss of work and wages, the ensuing hardships. And it was upon them more than on others that the effects of disease fell most heavily.

In most matters the interests of the various parts of London, and of the various classes, are one and the same, but in none to anything like the same extent as in the vital matter of public health. Here they are one and indivisible.

But neither Parliament nor the Government had got so far as to recognise that yet, and London—the great metropolis—with its four-and-a-half millions of people, was left for its protection against disease to a number of semi-independent local sanitary authorities who had no authority beyond their own area, and who could take no action for the safety of London as a whole.

One thing was absolutely certain—and that was that the civic life of London had within the decade been lifted to altogether a higher plane. The publicity of the proceedings of the central representative authority—whether of its meetings in the Council Chamber, or of its constant applications to Parliament for legislation embodying far-reaching civic reforms in London—the triennial elections, when the area of discussion was shifted from the Council Chamber to the constituencies, quickened the interest and awoke the dormant masses of the people to the importance of civic administration and of civic laws.

In this remarkable change the subject of the public health strode to the front. Men began to realise how it entered into every branch or part of their own lives and of their families, how its ramifications invaded every part of their existence, how much their welfare and comfort and even their existence depended upon it. And the people had a great load lifted off them—the load of despair begotten by

the hopelessness of any amelioration of the conditions of life which so long had weighed them down. They felt now that there was some one to whom they could complain, some public authority who would see that things would be righted, if they could be righted, and hope was born in their lives.

In 1899 another change was made in the system of local government in London.

The Act of 1888, while dealing with the central government of London, had practically not touched the local areas. The work was felt to be incomplete, and in 1893 Commissioners were appointed "to consider the proper conditions under which the amalgamation of the City and the County of London can be effected, and to make specific and practical proposals for that purpose."

They reported in August, 1894. Their general conclusion was contained in the following paragraph.*

"A consideration of the evidence we have received confirms the opinion suggested by the course of previous inquiries and of legislation, or, in other words, by the historic development of the metropolis, that the government of London must be entrusted to one body, exercising certain functions throughout all the areas covered by the name, and to a number of local bodies exercising certain other functions within the local areas which collectively make up London, the central body and the local bodies deriving their authority as representative bodies by direct election, and the functions assigned to each being determined so as to secure complete independence and responsibility to every member of the system."

In February, 1899, Mr. Balfour introduced in the House of Commons a "London Government Bill."† He referred to the Act of 1888 which created the London County Council as effecting a change "so much in consonance with the traditions of English municipal government that it is likely to be permanent," and said :—

* See Report of Royal Commissioners on the Amalgamation of the City and County of London, 1894.

† See Hansard, 1899, vol. lxvii. p. 354.

"We recognise to the full that there must be a great central authority in London."

"Broadly speaking," he said, "the administrative Vestry and the District Board exist now as they were framed in 1855."

"It is with these administrative Vestries and District Boards that the present Bill proposes to deal. It is with the subordinate area, not with the central area, that we are now concerned.

"We do not propose to touch the City of London.

"We have determined that, by the appointed day it would be desirable that all London should be divided into areas for local government, and that every area should be simultaneously provided with all the necessary machinery for government of its local affairs."

He mentioned the areas.

"The constitution of the governing bodies in these areas shall be practically identical with the constitution which our great municipal boroughs already possess . . .

"We propose that there should be mayor, councillors, and aldermen.

"As regards their powers—the Vestries already possess (except as to police) the great urban powers possessed by other municipalities. Certain powers agreed upon between the Vestries and the London County Council at certain recent conferences will be added, and there would be transferred to them the powers relating to baths and washhouses, libraries, and burial boards."

"On an appointed day every elective Vestry and District Board in the County of London is to cease to exist. He hoped the plan would come into operation in November, 1900."

The Bill became an Act—"The London Government Act"—in 1899.

The new municipal boroughs numbered twenty-nine—"the City of London" and twenty-eight others; sixteen of them consisting of single parishes, and the remaining twelve of several amalgamated parishes.

A few extra duties were cast upon them. Among them

the duty of enforcing within their borough the bye-laws and regulations with respect to dairies and milk, slaughter-houses, and offensive businesses; and in some respects their powers were enlarged, the principal addition being the power to adopt and use the provisions of Part III. of the Housing of the Working Classes Act, 1890, within their borough.

All preparations for the change were completed by the autumn of 1899; the new Municipal Councils were elected on the 4th of November, the forty-three Vestries and District Boards ceased to exist, and London entered upon a new stage of her career.

Here, at the close of 1900, the Vestries and the District Boards of London came to their decreed end, and disappeared from the scene of London civic life. That end was not regretted by the general public, whose opinion may be gauged from the fact that the name "Vestry" had become almost synonymous with incapacity, mismanagement, neglect, sometimes even of graver transgressions, though in later years the Vestries did something towards removing from themselves that reproach.

They certainly had done much useful work, and even at the outset of their existence were a great improvement upon their predecessors. They had found their parishes and districts forty-five years previously in the state described in the first and second chapters of this work—a chaos of filth, a slough of insanitation and deadly disease, and the great mass of the people living in misery indescribable—and the task before them was one which might have daunted the stoutest heart.

In many ways they did their work well; local sewerage and house drainage were effectually carried out; the refuse of the great city was regularly removed; the paving, and lighting, and cleansing of the streets were greatly improved.

But in many parts of London, and by many Vestries and District Boards, the larger, graver problems with which they were confronted were scarcely dealt with at all. Powers entrusted to them by Parliament were not used, vitally important duties imposed upon them by Parliament were ignored or neglected. Had this been pure

incapacity it would have been deplorable, but upon many of the Vestries were men who either were themselves interested in continuing existing evils and abuses, or whose friends were, and so laws which should have removed or mitigated the evils were not administered.

And the result was the non-prevention of diseases which led to deaths, and the continuance of miseries (consequent on disease) which might have been warded off, and the sowing of the seeds of evils of which we are still reaping the crop.

As years went by the pressure of public opinion upon them became more insistent, and their administration improved, but even to the end many of them grievously failed to fulfil the responsibilities of their position.

One class of workers under them must, however, be excluded from such blame, namely, the Medical Officers of Health.

It is not too much to say that the greater part of the sanitary progress which was made all through the period of Vestry rule was directly due to the unceasing labour, the courageous efforts, the insistence of many of these officers. Their recommendations were often ignored, their requests constantly denied, their opinions made light of; but in spite of such discouragement they persevered. And not alone did they bravely stand between disease and the people, but they were ever striving to drive it back, and to destroy its prolific sources and its power; ever urging upon their employers the necessity for action to relieve the people from the worst of the evils they were suffering under.

The description given in 1856 by one of them that their work was "a war of the community against individuals for the public good" had been proved to be absolutely true.

And in that war, of them generally, it is to be said that there were no sturdier fighters on the side of the community than they proved to be.

In 1885 Dr. J. Liddle, "a pioneer of reform," died after thirty years of "unflinching adherence to duty" as Medical Officer of Health for Whitechapel.

In 1889 Dr. N. Vinen died after thirty-four years' service as Medical Officer of Health for St. Olave, Southwark.*

In 1895 Dr. J. S. Bristowe passed away after forty years of service as Medical Officer of Health for Camberwell.

And there are still in the service men whose labours have extended over prolonged periods. Such men as these, and others of them who gave their best to the service of the community, have indeed a claim to the lasting gratitude of the citizens of London.

* In his last report he recorded the death of J. Munro, who had been Inspector of Nuisances for thirty-three years, so for that long period they had worked together.

CHAPTER VII

1901–1906

Once more the census placed on record the actual population of the great metropolis, no longer divided, so far as local government was concerned, into parishes and districts, but now into a smaller number of municipal boroughs. The figures of this census are the last available for reliable deductions as to numerous important matters forming part of that comprehensive subject, the sanitary evolution of London.

The enumerated population of London had reached the great number of 4,536,541, and showed an increase of 308,224 during the ten years 1891 to 1901. The rate of increase, however, continued to show a decline, having fallen from 10·4 to 7·3 per cent. during the intercensal period.

The same movement of the population noted in previous censuses was recorded in this one.

In the City of London and six of the central metropolitan boroughs the enumerated population showed an actual decline of over 67,000 in the ten years, notwithstanding that the recorded excess of births over deaths in that period amounted approximately to 70,000.

In all the other boroughs there had been increases. In the Eastern group the increases had been very small, with the exception of Stepney, where, owing to the immigration of aliens, the population had increased 13,484. In the Northern group the greatest increase had been in Hackney (19,666). In the Western group Fulham showed the highest

increase, namely, 45,500; whilst on the south side of the river, Wandsworth had increased 76,500, and several others showed large increases.

Outside the boundaries of the county the "outer ring" had attained to a population of 2,044,553 persons—an increase of 639,000.

If the metropolis and this "outer ring" were regarded as one city—and in many matters it is hard to consider them apart—the total population in 1901 was 6,581,372.

The information as to the birthplaces of the people showed that of the 4,536,541 persons, 3,016,580 were natives of London. The proportion of natives of London had increased; the proportion from the rest of the United Kingdom had decreased; whilst there had been an increase of 40,000 foreigners, the number having considerably more than doubled since 1881. Of every 1,000 inhabitants, 668 were born in London, and 332 elsewhere, as against 653 and 347 respectively in 1891.

Once again the arrivals and departures by the gates of life and death were recorded. In the ten years from the 1st of April, 1891, to the 31st of March, 1901, 1,329,428 births had been registered, and 838,454 deaths. The excess of births over deaths, therefore, was 490,974; and as the increase of population was 309,228, it followed that 181,746 persons had migrated. As the migration had only been 114,000 in 1891, it was manifest that migration to outside the County of London was increasing.

The total number of inhabited houses was 571,768, as against 547,146 in 1891; but owing to a variation in the manner of collecting the information, the figures have little value for comparative purposes.

The accurate figures given of the population of London enabled the death-rate to be calculated on facts instead of upon estimates.

The death-rate was 17·1 per 1,000 living in 1901, a decrease from 18·6 in the previous year, and from 21·0 in 1891.

But to be set against this was the portentous fact that the birth-rate had declined from 31·8 per 1,000 in 1891 to

29·0 per 1,000 persons living in 1901, the lowest recorded in London since civil registration began.

The public health of London was now altogether on a better level than it had been before, but in the course of the year 1901 some cases of smallpox appeared in various parts of London, and in 1902 there was the most severe outbreak of it—with the possible exception of 1884–5—since 1871, nearly 9,000 cases being admitted to the hospitals of the Metropolitan Asylums Board between September, 1901, and July, 1902. Ninety-three patients were removed to hospital in one day, and on one day (March 11th) 1,604 cases were under treatment. Over 1,300 persons died of it in the year.

The cost of disease to the community has often been referred to in previous chapters. The Metropolitan Asylums Board stated that so far as it was concerned, the cost for 1901–2 might be put at £500,000—equal to about a three-penny rate—a sum which was wholly apart from loss of wages to the individual, and various other expenses, and apart from the charge upon the rates of those who were pauperised by the death of the breadwinner of the family.

1903 was "a year of comparatively very slight prevalence of infectious disorders."

In 1904 there was "a marked absence of undue activity amongst the infectious diseases of the metropolis."

And 1905 was the healthiest year in the records of London since registration, the death-rate being 15·1 per 1,000.

In the five years which have passed since the census of 1901, Parliament has passed three Acts of the utmost consequence to the sanitary condition of the people of London, marking, in their respective spheres, definite stages in the sanitary evolution of the metropolis.

The sanitary evils to which many of the people were subject might, as has already been stated, be roughly divided into two classes—those of their dwellings at night, and those of their workplaces in the day.

"The Factory and Workshop Act" of 1901 dealt with the latter. It was the amendment and final codification of

a mass of piecemeal legislation which had been spread over a period of years.

In 1878, previous enactments on the subject had been consolidated into one Act. That Act was amended in 1883, 1891, and 1895. All were now finally embodied in this Act of 1901 with several additions and amendments. Additional sanitary provisions were made as to the ventilation of factories and workshops, and as to the drainage of floors. Bakehouses came within the scope of the Act, and the law was made much more stringent as to them. After January 1, 1904, it would be unlawful to use any underground bakehouse unless certified by the Borough Council to be suitable.

A register of workshops was to be kept, and the Medical Officer of Health was, in his annual report, to report specifically on the administration of the Act in workshops and workplaces—a direction which ensured publicity as to the action of the local authorities. The powers of the sanitary authorities were extended by the Act, and certain duties necessary for efficient administration imposed upon them.

The Act also ensured the inspection of dwelling-houses where there were outworkers.

The work imposed on the Sanitary Authorities was very considerable as a very large number of premises came under their supervision, and every workroom in each workshop had to be measured in order that its cubic space might be ascertained; and when the subsequent routine inspection of the premises, and of outworkers' premises, remedying of defects and other duties, were taken into consideration, the magnitude of the work, and the necessity of an adequate staff of officers, were evident.

The records show that at the end of 1904, 34,488 workshops in London were under the supervision of the local authorities. The necessity of inspection was demonstrated by the fact that 18,922 conditions required remedying.

Improvement was testified to by the Medical Officers of Health, overcrowding was diminished, and it was further stated that "employers are found to co-operate willingly with the local authorities in the remedy of faulty conditions."

Altogether, then, when a comparison is made between the

conditions of the factories and workshops, and workplaces in which the people worked in the middle of the last century and now, the contrast is remarkable. The worst of the evils have been swept away, and healthy conditions of work have taken their place.

And the limitations put upon the labour of children and young persons and women have all been to the good of those subjected to them. And the public health of London, so far as this very large and very valuable portion of the population is concerned, has been immensely the gainer.

The second of the three Acts since 1900, which had a vital bearing on the sanitary condition of the people of London, was "The Metropolis Water Act" of 1902.

That the water supply should be under the control and management of the municipality had long been advocated, but though hundreds of County and Municipal Authorities in Great Britain—many of them not the hundredth part of the size of London—had a Municipal Water Supply, that great boon was denied to London. The reform was vigorously pressed by the central representative body of London—the London County Council—and after several Royal Commissions of Inquiry, Parliament dealt with the subject in 1902. But the manner of dealing with it was unfortunate and retrogade.

A new public Board—the Metropolitan Water Board—was established for the purpose of acquiring, by purchase, for the inhabitants of London, and of certain areas outside London, the undertakings of the eight Metropolitan Water Companies, and for managing and carrying on the supply of water. The great bulk of the purchase money was to be provided by the ratepayers of London, and the great bulk of the debt to be a charge on the rateable property of London.

The Board was to consist of 66 members, 14 of whom were to be nominated by the London County Council, 31 by the Metropolitan Borough Councils and the City Corporation, and the remaining 21 by the authorities of localities outside London hitherto supplied by the Companies.

The Board, therefore, was not a representative body

directly elected by the ratepayers or electors of London, but was constructed, on the discredited precedent of the Metropolitan Board of Works, of delegated instead of elected members; and though the people of London were emancipated from the control of trading Water Companies, they got in their place a body over which they can exercise no direct, and therefore very little actual, control.

The new Board was constituted in the spring of 1903, and took over the undertakings of the Water Companies on the 24th of June, 1904, at the cost to the ratepayers of London of not much less than £40,000,000, a sum immensely higher than that at which they could have been acquired many years before.

And inasmuch as the Board can call upon the ratepayers of London to make good any deficiency of income resulting from their management, the unsatisfactory result is the establishment in London of a new indirectly-elected public body vested with enormous financial powers affecting the interests of the ratepayers of London, and yet but little responsible to public control.

The third of the three important Acts, the Education London Act, was passed in 1903, and carried in its bosom possibilities of the most far-reaching benefits to the health and physical welfare of future generations.

By this Act the London School Board was abolished, and its duties transferred to the London County Council, which was constituted the Education Authority for London.

Though, indirectly, the schools of the Board were having considerable effect upon the physical well-being of the rising generation, it cannot be said that the School Board had utilised its vast opportunities for improving the general health. By instruction, by influence, it might have done so much, might have moulded the physical future of generations. But education was always much more in the minds of the Board than health, though the two might well have been considered together, and without health education is of little use.

The Board in their "Final Report" endeavoured to offer an explanation of their inaction.

"It has always been a question how far the Board are authorised to spend public money on the medical care of children. On the one hand suggestions have been made for the inspection of their teeth, and the treatment of cases of anæmic condition and arrested development. On the other hand a legal opinion has been expressed that the Board are not entitled to do anything, or to take any measures except such as spring from the fact that the attendance of the children is compulsory. On this account it has been thought right to take action only in those cases in which on account of contagious disease, it is necessary to exclude children from school." *

Even the sanitary condition of the schools does not appear to have been well looked after.

In January, 1890, one of the Committees submitted a report to the Board, on which the resolution was passed—

"That the Committee be authorised to thoroughly examine the whole of the drainage of any school of the Board where they may think it necessary," &c.

The drainage was subsequently examined. In 181 schools the drainage was all right. In 292 of the schools re-drainage was required. For how long that fertile source of disease had been scattering its evil germs among the tens of thousands of children attending these insanitary schools, no information is available.

In 1890, just twenty years after its formation, the Board appointed a Medical Officer, and he gave only a portion of his time to the work.

"Before 1891 there was no attempt on the part of the Board to prevent the spread of infectious diseases by precautionary measures being adopted in the school." †

In 1895 the Medical Officer of Health for Paddington wrote:—

"School teachers should be required to inform the Sanitary Authority of any special amount of illness which may occur among the scholars. Half a school may be away through

* Final Report of the School Board for London, p. 326.
† See Report of Medical Officer of the late School Board for 1903–4.

sickness if the disease be not a notified one, but no information of such fact comes to the Sanitary Authority."

And in 1896 he wrote :—

"The past year had emphasised the need of definite instructions to school teachers to keep the Medical Officers of Health informed of the existence of infectious disease among their pupils. It is surmised that there were upwards of 2,000 cases of measles in the parish in the earlier part of the year."

And "measles is the most fatal disease of childhood."

In evening schools "efforts were made between 1899 and 1903 to teach the simple laws of health. . . . Prior to 1898 gymnastics were taught in only a few schools." *

In 1902 the Medical Officer resigned, and a new one was appointed who should give his whole time to the work. His first report (1903) is enlightening as to the methods of the School Board in matters pertaining to the health of the children attending the schools."

He wrote :—

"The maintenance of sanitary conditions as regards heating, lighting, ventilation, and cleanliness both of the buildings and persons of the pupils, the detection of early cases of illness . . . ill-health from many causes, school habits, and school work in their influence on health . . . these . . . come under the daily work of the teacher, and there is no requirement that any knowledge of such matters should be possessed by him. It is left to his own commonsense, and he muddles through. The definite requirement of hygienic knowledge as part of the equipment of every teacher is a necessity if a great part of the work of this department is not to be useless in result." †

And in his Report of the following year he wrote :—

"The provision of medical oversight for school life is rapidly becoming a necessity. Five-sixths of the population spend a seventh part of their lives under the exceedingly artificial conditions of the schools, and during the plastic period of life. Their chief function in the earlier part of that

* Final Report, p. 297.

† First Report of Medical Officer for year ended March 25, 1903, p. 24.

period is to grow, and it is necessary that they should not only do this, but do it under favourable circumstances for development." *

Soon after the transfer of the administration of the Education Acts to the London County Council, the medical work of the late School Board was amalgamated with that of the London County Council. The change is one which is likely to be of the greatest benefit to the children in the schools, and through them, as times go on, to the population of London as a whole. The great value of health will receive greater recognition than it has done hitherto, whilst greater facilities for instruction in health matters, and better physical training, cannot fail to have the most beneficial effect. The vast field for this work is evident when it is called to mind that nearly half a million of children are in average attendance at the London County Council Schools.

Three other matters legislated upon by Parliament claim mention.

In 1902 the Midwives Act was passed. It provided for the constitution of a Central Midwives Board with power to frame rules for the registration of midwives and for regulating and supervising the practice of midwives. After the 1st of April, 1905, no person might use the title of midwife without being certified under the Act. The London County Council was constituted the local supervising authority for London, and under its supervision much good has already been done.

Also in 1902 the Cremation Act, which empowered burial authorities to provide and maintain crematoria, and empowered the Secretary of State to make regulations as to the conditions under which cremation might take place.

And to complete the tale of sanitary legislation since 1900, a few reforms were secured by sections in the annual General Powers Acts which the London County Council obtained from Parliament. Among these was one rather important one.

* Second Annual Report to March 25, 1904.

In 1894 the duty of supervising and regulating the common lodging-houses in London, which hitherto had been performed by the Commissioner of Police, was transferred to the London County Council. In that year 654 such houses were on the register, and the authorised number of lodgers was close upon 30,000 persons. In 1902 the Council obtained powers for the annual licensing of such houses. These larger powers enabled the Council to improve the sanitary condition of many of these houses. The supervision of these houses has been most satisfactorily carried out, and has been of immense value in securing sanitary abodes for the miserable people who frequent them, and in diminishing what would otherwise doubtless often be a source of infection to the community.

The sanitary evolution of London having begun a little before the middle of the nineteenth century, the figures of the censuses of 1851 and 1901 afford the means for measuring many of the great changes which have taken place in the intervening period.

And a comparison of the state of those things which most affect the public health at these two dates enables a reliable deduction to be drawn as to whether there has been evolution to a higher level of public health, or a retrogression; and, if the former, the progress which that evolution has made.

In 1851 the population of London was 2,362,236. In 1901 it had reached 4,536,541. And when to this is added the fact that all through the intervening years so enormous a mass of people has been cooped up in an area of 117 square miles, and that at the present time there are over 4,500,000 within that small area, the multiplicity of the matters decisively influencing their health and physical well being, and the vastness of the issues at stake, come into vivid light.

As has been often said, the very basis or foundation of the sanitation of a city is an efficient system of drainage. Without it sanitation is impossible.

What the main drainage of London was up to 1858 has been described in the earlier chapters of this book. In effect,

nothing less than an entire system had then to be designed and constructed to provide London with this first essential. This was done, and the result was of immediate and enormous benefit to London, and ever since then the maintenance and extension and improvement of this work has received the solicitous attention of the Central Authority. Originally designed for 3,500,000 people, it had, as London grew, to be considerably enlarged and extended, and as some of the districts outside the boundaries of London were allowed by Parliament to drain into the London sewers, still larger works had to be constructed. And now the system serves a resident population of, in round figures, 5,500,000 people spread over an area of about 140 square miles. It comprises close upon 90 miles of great intercepting and outfall sewers, 176 miles of main sewers, and 26 miles of large relief sewers, constructed for the special purpose of conveying storm-water away.

This, however, was but part of the provision which had to be made. During the *régime* of the Metropolitan Board of Works, more than 1,100 miles of new sewers were laid by Vestries and District Boards in their respective districts, and since the creation of the London County Council of 1888, further additions of 1,516 miles have been made, making a total of over 2,600 miles.

All this work was essential to enable a proper system of house drainage to be carried out, and as the drainage of houses into the local sewers was compulsory, the general system of drainage was thus rounded off or completed.

The change effected thereby in the conditions of life in London has been remarkable. There are no longer open ditch-sewers polluting the air with their pestilential abominations; no longer streets without sewers, and houses without the possibility of drainage.

In the Report of the County Council for 1902–3, prepared by the Clerk of the Council, there is given a calculation of what these works annually accomplish.

"The flow of sewage during the year, namely 87,556 million gallons, represents a canal 24 feet wide with a depth of 9 feet, running day and night at the rate of 2 feet per

second; or it may be considered as equivalent to a lake of 44 square miles, or about one-third of the area of the county of London, with a depth of 11½ feet."

To the efficiency and thoroughness of the present system is primarily due the greatly improved condition of the public health of London as compared with 1855.

Water was another of the absolute necessities of existence and of sanitation. An ample supply of good water is essential for health; and the numerous outbreaks of typhoid fever which in recent years have occurred in England with a heavy death roll, testify to the dangers incurred by bad water, and the necessity for the utmost care being taken to secure its being pure and uncontaminated.

The supply of water in the eighteen-fifties had been very limited in quantity, and, with the exception of that supplied by one company, abominable in quality. And progress to a better state of things was slow. Improvements were made most unwillingly and haltingly by the Water Companies, and only under Parliament's reluctant compulsion, whilst the inaction of most, and the obstruction of some, of the Vestries and District Boards, and the hostility of "owners" of houses to being put to expense for water fittings, still further impeded reform, and perpetuated the evils inflicted upon the inhabitants of London—suffering, disease, and death.

The "slaughter wells" and the sewer-ditches were, however, filled up and those evil sources of supply ended. And a supply of water was gradually extended to the streets which were without any, and an increased supply to others which had but little; but it was not until 1899, the very end of the century, that the County of London was, for the first time, receiving a constant supply in accordance with the provisions of the Metropolis Water Act of 1871. And by slow degrees the sources of defilement of the water were reduced, and a larger proportion of the dirt ingredients filtered out, until at last some of the worst evils connected with the supply were rectified. And in 1891 it was enacted by Parliament* that a dwelling-

* In the Public Health (London) Act.

house without a proper and sufficient supply should be a "nuisance" liable to be dealt with summarily.

The main cause of all the grave disadvantages the people of London had so unceasingly suffered under in this matter arose from the fact that the interests of the Water Companies and the interests of the people of London ran directly counter to each other. London, in fact, had from the very outset been at the mercy of trading companies for its supply of this necessity of life, and bitter cause, indeed, had London to rue it.

It is too soon to know what improvements will result in the supply of water to the people of London, but in the interests of the public health it is most unsatisfactory that the public should even now be debarred from that direct control which alone can secure them the fullest benefits.

In another of the numerous branches of the great subject of the public health of London—the widening of the streets and thoroughfares—the improvements made in process of years was marked, and the better provision of light and air and breathing space has been considerable.

The total gross cost of new streets and improvements carried out by the Metropolitan Board of Works had amounted to over £12,000,000,* whilst it had contributed another million and a half to the cost of smaller street improvements carried out by the "City" and other districts, which latter also expended considerable sums.

The London County Council coutinued the policy of the Metropolitan Board of Works, and by the year 1904–5 it had carried out, or was in process of carrying out, improvements at an estimated gross cost of over £11,000,000,† the greatest and most costly of all being the new thoroughfare—Kingsway and Aldwych—connecting Holborn with the Strand, which swept away some of the most notorious and worst slums in London.

In addition to these, many local improvements have been carried out by the "City" and by the Vestries and

* The recoupments arising from the sale of surplus lands reduced the actual or net cost to less than £8,000,000.

† Here the net cost is estimated to be about £5,500,000.

District Boards, and later by the Borough Councils. These were estimated to cost about £1,800,000. The total work accomplished, therefore, has been very considerable, but the cost has been huge; amounting in the whole to about £27,000,000.

Of greater value to the health of the people has been the increase of the number of parks and open spaces in London, not merely in preventing land being built over, but in the opportunities afforded the people, and especially the younger portion of them, for exercise.

Here considerable acquisitions have been made since the time of the Metropolitan Board of Works. Immediately after the creation of the London County Council two generous gifts were made to the citizens of London—Waterlow Park of 30 acres and Myatt's Fields—and the Council had acquired Hackney Marsh, with 337 acres; Brockwell Park, with 127 acres; and Avery Hill, 84 acres; and some distance from London, 803 acres of Hainault Forest. In addition to these several small pieces of ground were acquired and thrown open as public gardens and recreation grounds.

The "City" had also acquired, outside the County of London, Epping Forest, about 5,560 acres in extent, Burnham Beeches, 375 acres; Coulsdon Common, 347 acres; and a few small open spaces in the "City" itself.

And many acquisitions had been made by the Vestries and District Boards, and, since their supersession, by the Borough Councils.

Purity of air was another of the important elements of a satisfactory health condition.

Once that the Thames had ceased to be the main sewer of London, and once that the hundreds of thousands of cesspools were filled in and abolished, the most persistent and fruitful and worst of the causes of the impurity and unwholesomeness of the atmosphere were removed. Gradually too, but only too slowly—a slowness resulting in widespread loss of health and life—were the noxious trades in London made amenable to the law, and somewhat less noxious to those living in their immediate neighbourhood;

this, too, without that ruin to trade and manufactures which was always predicted when any effort was made to prevent the prevalence of intolerable nuisances.

The duty of administering the provisions of the law relating to the abatement of smoke nuisances rested with the police. Under their action a steady reduction had taken place in offences against the law. In 1882, 1,248 cases were reported, and there had been 162 convictions; and in 1890 the numbers had sunk to 702 reported cases and 46 convictions.

In 1891, by the Public Health London Act, the duty was transferred to the Sanitary Authorities. Considerable use has been made by them of the Act. In many cases severe penalties were imposed, and the general result has been a very satisfactory improvement. Much, however, of the fouling of the atmosphere is caused by factories outside London, and consequently outside the control of the local authorities of London.

And yet another of the great branches of the general subject of the public health is the food supply of the people. It would be difficult to give any approximate estimate even of the part which good or bad food has in its effect upon the public health, or to produce any statistics on the subject, but, undoubtedly, it is a very large part; and every now and then the outbreak of some serious illness and heavy loss of life, directly traceable to the consumption of bad food, shows how important it is to safeguard the people from such disasters.

Thus in 1901 there was an outbreak of scarlet fever, in which some 300 persons were attacked, directly traced to an infective milk supply.

Previous to the date of the Nuisances Removal Act of 1855 there was, so far as London was concerned, practically no control or supervision over the food sold to and consumed by the people. That Act contained a section providing for the inspection of food by the local sanitary authority, so the importance of securing wholesome food for the people was then recognised. Little, if any, use was made of the power thus given, and the Act was amended and extended; but even then it was almost a dead letter.

As years advanced great scientific discoveries demonstrated the fact that some of the most dangerous diseases, such as typhoid and scarlet fever, could be conveyed in food of various sorts, and opened up a new vista of dangers as to the conveyance of disease.* And the huge size of London, and the vast numbers of its population, increased enormously the difficulty of safeguarding the public from the dangers of contaminated food.

The first and greater portion of this work was done by the Corporation of the City of London. Its Committee, the Port Sanitary Authority, was able to prevent large quantities of bad meat which arrived by sea being put upon the markets; and the Corporation, which administered the principal markets of London — the cattle-markets at Deptford and Islington, the fish-market at Billingsgate, and the others at Smithfield and Leadenhall and Spitalfields—by a system of inspection, prevented large quantities of bad or diseased food being sold to the public.

In 1905, 415,000 tons of meat reached the Central Smithfield Market, of which 2,128 tons were seized as being diseased and unsound. At Billingsgate, 211,600 tons of fish were delivered, of which 674 tons were condemned. And there were 28 wharves and warehouses in the City where tinned food and tinned meat and vegetables were received. 173 tons were seized. All these places were daily inspected.

This, however, was only a portion of the food which reached London. The responsibility for inspecting food in other parts of the metropolis rested (under the Public Health (London) Act of 1891) with the various Sanitary Authorities, and the reports of the Medical Officers of Health contain accounts of inspections by them, and of the seizure of meat, fish, poultry, rabbits, tinned food, vegetables, eggs, and sweetmeats, and of prosecutions, and of a few convictions. And many other articles of food were, under

* The International Congress of Hygiene, held in Brussels in 1903, passed a resolution declaring meat to be unfit for human food when it was derived from animals attacked by bacterial anthrax, glanders, rabies, tetanus, tuberculosis, in certain cases, and several other diseases.

the Food and Drugs Act of 1875–99, also liable to inspection so as to secure that they should not be adulterated; so that theoretically, and in a very great measure actually, provision exists for protecting the people of London from adulterated articles of food, and from food unfit for human consumption.

All this is an immense advance upon the time when there were no laws against the sale of unsound or adulterated food.

But there is great room for improvement, for the inspection and means of prevention are far from adequate to secure the protection of the public from this danger; indeed, the existing system of government for dealing successfully with this most important element in the well-being of the people is very defective.

The experiences of the past sixty years or so in London have abundantly shown how great is the extent to which the public health is dependent upon the system of local government in existence at the time, and upon the administration of the laws relating to the public health by those authorities.

The considerable changes which have taken place in the fifty years since the creation of a Central Authority, the Metropolitan Board of Works, have been described.

So far as regarded the local authorities over the separate areas into which London was divided, the "City" remains practically as it was, with the exception of the addition to its sphere of action of the important duties of Port Sanitary Authority, and such further powers as the exigencies of the times required, and certain changes consequent upon the creation of the London County Council.

In the metropolis the other local sanitary authorities instead of being Vestries and District Boards—43 in number—are now Municipal Borough Councils—28 in number—with some larger powers, including wide powers of rating.

The Poor Law Guardians, also with wide powers of rating, have remained much as they were, their sphere of work being a definitely limited one.

Various Commissioners, such as the Commissioners of Baths and Washhouses, Library Commissioners, and Burial Boards, have ceased to be; their powers being now exercised by the Borough Councils.

The important changes in the local government of the metropolis have mainly been in the Central Authorities, whose sphere of duties extends over the whole area of London.

The principal Central Authority, the London County Council, which superseded the Metropolitan Board of Works in 1889, instead of being indirectly elected as was that body, is a directly elected body, elected by and representative of the whole electorate of London. Its duties and powers have undergone extension and increase; the latest material addition to them being its appointment as the Education Authority for London.

In 1867, owing to the default of the Vestries and District Boards to make provision of rate-supported hospitals for paupers suffering from infectious or contagious disease, a Central Authority—the Metropolitan Asylums Board—constituted on the indirectly elected system, with considerable powers to spend money which had to be provided out of the rates of the metropolis, was created to do that work.

In 1870 another central body was created, the London School Board, to deal with the elementary education of the children of London, and though not a health authority, its work was closely associated with the public health. It also possessed the widest powers for spending money, which had to be provided out of the rates of the metropolis. It was a directly elected body, but elected on a system peculiar to itself, and one which in great measure removed it from any financial public control.

By an Act of Parliament in 1903 the London County Council was made the Education Authority for London, and the work of the School Board was transferred to it.

To the two existing central authorities was added, in 1903, another wholly gratuitous central local authority, the Metropolitan Water Board, an indirectly elected body with ultimate rating power over the metropolis.

There is a third sphere of government in matters pertaining to the public health—namely, that occupied by the State. It is charged with many duties connected with the public health, and is in close relationship with the various central and local authorities in London. It has undergone large changes since the middle of the last century.

At that time some of the powers possessed by the State Government in health matters were exercised by one of the Secretaries of State. Others, for some years, through the General Board of Health appointed by the Government. In 1858, when that Board ceased to exist, some of its powers were transferred to the Privy Council, others lapsed to the local sanitary authorities.

So great, as time went on, was the development of local government throughout the country, and so essential was it to have some central government State supervision over the largely increased number of local sanitary authorities, that in 1871 a new Government Department, the Local Government Board, was created to perform this work. To it were transferred most of the powers in connection with sanitation and health matters possessed by the State Government, and the various authorities in London came more or less under its supervision. Since then, as the sanitary needs of the community grew, and as legislation became more voluminous, fresh duties have been constantly imposed upon that Board.

Summing up these changes, and their broad effects, it is to be said that the machinery for the administration of the sanitary laws in London is undoubtedly far more potent and effective than it has been at any previous time. Instead of the Vestries and District Boards there are now the Borough Councils; instead of the Metropolitan Board of Works there is the London County Council; instead of the Privy Council and Board of Health there is the Local Government Board, whilst the Metropolitan Asylums Board and the Water Board had no predecessors.

But on the other hand the system now in existence is very complex, and in many ways cumbersome, and in recent years there has been a most unfortunate tendency on the

part of Parliament to revert to that which was the curse of London before the Act of 1855—the multiplicity of local authorities—all of them, too, with separate rating powers.

So far, then, in the way of the machinery of local government has London come on its way to an improved condition of the public health.

And Parliament, as has been narrated, had, since 1855, multiplied the health laws, which these bodies were charged with the administration of. Then, the passing of an Act dealing with matters affecting the public health was so rare as to constitute a remarkable event. Now Acts of Parliament and "Provisional Orders" as to health matters are quite common events.

With such numerous laws covering so many phases of the public health, with so much larger and more powerful a machinery for their administration, the crucial point of all is the administration of those laws by the various authorities. It is obvious that the administration is much more searching and effective and wide-reaching than it has ever been before.

The Central Authority, the London County Council, has done great work, as has already been shown, in extending and maintaining the efficiency of the drainage system of London, in the clearance of insanitary areas, and the erection of houses for the working classes; in the acquisition of open spaces, in great street improvements, in its efforts to help towards a solution of the great housing problem by the facilities of traffic it has created by its tramways, in the inquiries it has instituted into the insanitary condition of various districts in London, in the unifying of administration by the local sanitary authorities, and in many other ways too numerous to be recited. It has, in fact, vigorously used such powers as it possessed.

The Metropolitan Asylums Board has also used its powers effectively, having erected hospitals, and having each year successfully isolated and treated many thousands of cases of infectious and contagious disease.

The Water Board is still too young to have a record.

The Poor Law Guardians had improved the workhouses

and the infirmaries, and the dispensaries were continuing to do their useful work.

The Metropolitan Borough Councils were grappling with their numerous duties. The perusal of the annual reports of these bodies shows their multiplicity. House-to-house inspection—the inspection of factories and workshops, and workplaces, and outworkers; of bakehouses, cowsheds, dairies, and milkshops; of food and the places where food is prepared; of offensive trades and slaughter-houses, and of houses let in lodgings; the management of baths and wash-houses, the removal of dust and filth, disinfection, proceedings under the Housing of the Working Classes Acts; measures for the prevention of disease, for the abatement of nuisances, and many other duties connected with sewerage, drainage, and paving and cleansing of streets—all and every one of which closely affect the health of the people.

The amount of work done varied considerably. In a well-administered municipality the number of Sanitary Inspectors had been increased, the number of inspections was high, and the work continuous and heavy. In some, however, the work was less satisfactorily done, and the old Vestry antipathy to the expenditure of money upon Inspectors appeared to have been handed on.

Much, nevertheless, was being done, and on the whole matters appeared to be progressing satisfactorily, and in many respects undoubtedly were doing so.

But every now and then some revelation occurred of insanitary conditions under which large numbers of the people were living which showed a grievous omission somewhere, and for which some persons were responsible.

Thus when, under the Education (London) Act of 1903, the County Council had to take over the non-provided schools in London, the schools were inspected, and it was found that their drains were generally in a very bad condition. No fewer than 342, or 78 per cent. of the school drains which were tested, were declared unsatisfactory. A most prolific source of disease and death was thus laid bare, a source which for years must have been working

grave evil—and as in these schools there were about 135,000 children in attendance, the number of persons involved in danger was enormous.

Again, some of the figures published by the Census Commissioners in 1902 disclosed a condition of things of the utmost gravity.

Similar figures in the census of 1891 had passed almost unnoticed; these of 1901 reiterated the story, and as the evils they laid bare were on a somewhat smaller scale they were hailed more as a mark of progress and improvement, than as something portentous in themselves. Yet they go down to the very roots of the sanitary condition of the people of London, and show how great is the task to be accomplished before the sanitary condition can be considered satisfactory or even safe.

They bring into sudden view the fact that the problem of the housing of the people is still unsolved.

The census of 1901 had recorded that there were 4,536,541 persons in London. It also recorded that the total number of tenements was 1,019,546. It further showed that of these tenements no fewer than 672,030 were tenements of less than five rooms; and then going into details of these 672,030 tenements it showed that—

149,524	were tenements	of	one room.
201,431	,,	,,	two rooms.
181,542	,,	,,	three ,,
139,533	,,	,,	four ,,

Comparing these figures with those for 1891 it appeared that—

"A marked improvement had taken place in the manner in which persons occupying tenements of less than five rooms are housed in London. The shifting of the population in the ten years from the tenements of one or two rooms to the more ample accommodation provided in tenements of three or four rooms is conspicuous." *

There had been a reduction in the number of one-room

* See Report of the Medical Officer of Health of the London County Council, 1902, p. 10.

tenements, which are justly regarded as the worst of all from 172,503 in 1891, to 149,524 in 1901, whilst there had been an increase in the number of two, three, and four-room tenements.

As to the numbers of persons living in these 672,030 tenements—

304,874	persons	lived	in tenements of	one room.
701,203	,,	,,	,,	two rooms.
752,221	,,	,,	,,	three ,,
691,491	,,	,,	,,	four ,,
Total 2,449,789				

Still, therefore, well over half the population of London lived in tenements of less than five rooms; whilst over 1,000,000 lived in tenements of one or two rooms—and between one- and two-room tenements there is not much to differentiate.

By further details given (as in 1891) each Sanitary Authority was "provided with the means of examining with much precision into the house accommodation of its district."

The Medical Officer of Health for the Borough of Finsbury, utilising the figures for that Borough, deduced some most instructive conclusions as to the effect of the one-room and two-room tenements upon the death-rates.

Forty-six per cent. of the population lived in such tenements; the death-rate in one-room tenements was 38·9 per 1,000; the death-rate in two-room tenements was 22·6 per 1,000. And the number of deaths occurring in them was 63 per cent. of all the deaths in the Borough.

"The conditions of life obtaining in one-room tenements," he added, "are such as tend towards poor physique, disease, and death. The density of population is higher, the physical restrictions are greater, and there is less fresh air and more uncleanliness."

The information thus given by the Census Commissioners as to tenements was striking enough, but of deeper interest and import even than these figures was the information as to "Overcrowding."

The Medical Officer of Health for the London County Council, utilising the figures of the census, worked out the facts as regarded the overcrowded tenement population of London.

There were 726,096 persons living in an overcrowded state in 124,773 tenements of less than five rooms. Of these—

147,771	lived in	40,762	one-room	tenements.
296,659	,,	50,304	two ,,	,,
187,619	,,	23,979	three ,,	,,
94,047	,,	9,728	four ,,	,,
726,096		124,773		

There had been a reduction of overcrowded tenements from 145,513 in 1891, containing 829,765 persons, to 124,773 in 1901, containing 726,096 persons.

There would appear then to be some hope that the acme or climax of overcrowding has been passed. But even from the most sanguine point of view the improvement is not great, and many decades would have to elapse before "overcrowding" ceased to be a power for evil.

A few illustrations show the dreadful condition of things in this respect in certain localities.

In the Borough of Finsbury, over 35,000 persons lived in overcrowded tenements of less than five rooms; in Stepney, 99,000; in Islington, 56,000; in St. Pancras, 56,000; in Lambeth, a few short of 37,000; and in Southwark, over 46,000.

And if some of the figures about overcrowding were looked into a little more minutely it was to be seen that in St. Marylebone there were 1,020 two-room tenements inhabited by five persons each, 685 by six persons each, 366 by seven persons each, and 170 by eight persons each.

In Islington there were 1,253 such tenements with six persons each, 624 with seven persons, and 258 with eight persons.

In St. Pancras there were 1,414 two-room tenements with six persons in each, 743 with seven persons in each, and 323 with eight in each.

In Shoreditch there were 694 two-room tenements with

six persons in each, 380 with seven in each, and 155 with eight in each.

Stepney was the worst of all—with 1,126 two-room tenements with seven persons in each, 577 with eight persons in each, and 278 with nine persons in each; but this was the result of alien immigration.

In Lambeth there were 699 tenements of two rooms with six people in each, and 322 similar tenements with seven each, and 118 with eight each.

It must have come as a revelation to many of the Borough Councils to find such a condition of things existing in their municipality.

These are the most recent reliable figures. Not much change can have taken place since then, and they may be regarded as presenting fairly well the existing condition of the housing of the people of London.

The main fact emerging from them is that a population of 726,096 persons in London are living in 124,733 overcrowded tenements of less than five rooms.

The accumulated testimony of the most experienced and capable observers during half a century is clear and precise that overcrowding is disastrous to the physical welfare of the individual. The conditions of life are not much better in one- and two-roomed tenements, and the conclusion is thus forced upon us that, speaking broadly, a fifth of the population of London are at present living in circumstances where physical well-being is impossible, and where even a moderate standard of public health is unattainable.

For some time back, fears as to the physical deterioration of certain classes of the population have found public expression, and to such a point did these misgivings come that, in 1903, a Committee was appointed by the Lord President of the Council to inquire into the subject throughout the kingdom.

The idea of physical deterioration being at work found expression sometimes in the reports of the Medical Officers of Health even far back. Thus, in 1869, the Medical Officer of Health for Paddington wrote :—

"In Paddington overcrowding in its worst forms cannot be said to exist, but there is an over-concentration of building which will some day be considered a disgrace to our civilisation. It may safely be predicted that besides a high infantile death-rate a concomitant deterioration of race will result. . . . This high (infantile) death-rate is not the only check to population. Another and more painful form of evil manifests itself in the sickly and puny race around us. Young men and young women are unable from low vitality to cope with their contemporaries in the labour market, where prolonged muscular exertion is required. We find in this class the seeds of debility and disease."

In 1871 he gave a table with particulars of five hundred heads of families of the wage-earning class engaged in industrial occupations living in tenement-houses in certain streets near the Great Western Railway terminus. "Sixty-four per cent. were born in country places. This," he added, "confirms my statement in former reports that large numbers of men born in cities have poor constitutions and deficient vital stamina, who cannot cope with their competitors from the country, nor command the best labour markets of the world. In the struggles of town-life large numbers are prematurely crushed out at early periods of their existence."

And he added: "This deterioration of race has for some time been recognised by Medical Officers of Health."

Unfortunately the conditions of life conducive to deterioration did not cease to exist in 1871, as evidenced by the figures of the censuses of 1891 and 1901, of the population living in overcrowded tenements of less than five rooms.

The Committee reported in 1904, but while both the Report and the evidence are of great interest, it cannot be said that they advanced the question much.

The Committee stated that—

"There are no sufficient 'data' at present obtainable for a comparative estimate of the health and physique of the people."

That being undoubtedly so, the best light obtainable

on the subject must be sought for in a different way. Fortunately that way exists—and it is possibly the soundest of all—the method of inference from well-established facts.

The reports of the Medical Officers of Health for London during the last half-century enable this method to be applied to London.

In cases innumerable it has been demonstrated beyond dispute that the death-rate was highest in overcrowded houses or localities, that the sick-rate was proportionately higher, that disease assumed more virulent form in them, and left the victim in a more impaired condition.

"It is almost an axiom that the greater the crowding, the greater the sickness and the higher the death-rate."

That these conditions affect the health and stamina of persons of all ages, and more especially of the children who are to constitute the new generation, is a truism, and thus the health and stamina of a large proportion of the population is, of necessity, damaged and deteriorated, and a heritage of suffering and debility passes to a succeeding generation. Were these evils mere passing events like an epidemic of cholera which sweeps away its thousands of victims and is gone, the results would not be so disastrous.

But when to these clearly proved facts is added the awful fact that these evils have been unceasingly in active operation for considerably more than half a century, that the past is still exerting a powerful and pernicious effect upon the present, and that the seeds of evil then sown are still producing a deadly crop, it is a necessary and unavoidable conclusion that there has been a considerable deterioration of race.

Counteracting these deadly forces have been those which have been described in this book:—

Efficient sewerage and drainage, water supply improved in quantity and quality, sounder food, wider thoroughfares, cleaner streets, open spaces, new dwellings, prevention of the defilement of the atmosphere, prevention of the spread of infection—all these, together with better knowledge of health matters, the vast advance in medical science, the better provision for the treatment of the sick, greater

temperance, and the great work carried on by numerous philanthropic workers and organisations, have effected vast improvement—an improvement testified to in the fall in the death-rate of London from 23·38 per 1,000 in 1851 to 17·1 in 1901 since which year it has further decreased.

Painfully and laboriously, and in the face of persistent obstruction and hostility, has the present sanitary position been attained. "Vested rights in filth and dirt" have offered a prolonged and dogged fight against reforms which curtailed their privileges. Hundreds of thousands of lives have been needlessly cast away, an uncountable number blighted and made useless by diseases which were preventable, and which were not prevented, and an incalculable injury inflicted upon the community.

And the expense to the community has been enormous. Millions upon millions of money have had to be spent to make good—so far as could be made good—the ravages of past neglect and culpable management. Millions upon drainage, upon hospitals, upon houses for the working classes, upon open spaces—tens of millions upon water supply, and most unjustifiable and regrettable of all, millions to compensate slum owners for their iniquities.

And even yet we have not arrived at our goal. What, then, are still the causes of failure? What the impediments? Where the shortcomings?

The failure is in part due to a great omission by Parliament—in part to the non-administration of existing laws by local authorities—in part to a great defect in the system of local government.

Parliament had, most unfortunately, omitted from all its enactments affecting London any provision for the supervision of the great movement in part economic, in part social, which has been going on in London for well-nigh two-thirds of a century—namely, the change of houses inhabited by one family into tenement-houses, or houses inhabited by several families.

That movement with its appalling attendant evils was allowed to go on practically unregulated, uncontrolled, and unsupervised.

The great evil of this movement was, that a house which had been structurally and sanitarily designed for one family was sanitarily unsuited for its altered career as the abode of several families. Nothing was done to obviate this evil. And so these houses became packed with people and families who had to live in one or two rooms in them without the primary necessities of a healthy existence—without ventilation—without an adequate supply of water—without facilities for cooking food—with the scantiest and filthiest sanitary accommodation—had to live under conditions which put a high premium upon dirt and insanitation, and which absolutely invited disease and death.

Even the Sanitary Act of 1866, and its amending Act of 1874, did not deal with this crucial matter; and no legal obligation was created by Parliament to ensure that the houses undergoing such a change should be adapted to their altered circumstances.

The Sanitary Act of 1866 only in part dealt with the evils inherent in such houses. It imposed on the Sanitary Authority the duty of making regulations which prescribed a standard of the air space for each person, and thus made an effort to prevent overcrowding; it imposed upon the "owner" the duty of maintaining a certain standard of cleanliness—the rooms were to be painted or lime-whitened every year—it laid upon the tenants certain duties also as to maintaining cleanliness.

But even this imperfect legislation was completely brought to naught by the opposition of the Vestries and District Boards to such action as would have secured at any rate some degree of decent accommodation in the tenement-houses of London.

By the Public Health Act, 1891, the London County Council was empowered to make bye-laws enforcing a certain standard of sanitary accommodation in them, and did make them. But in other respects nothing was done; and so the process still goes on, large numbers of houses hitherto occupied by one family are passing into the occupation of several families devoid of the primary necessaries of a healthy existence. The great movement has by no

means spent its force; for long to come houses will be going through this transition, and until legislation deals definitely with this matter the inevitable evils attendant on the change will continue.

The second main cause of failure lies at the door of the local authorities who would not and did not administer the existing laws.

The local governing authorities are now more active than they have ever been before; the amount of work done in every branch of sanitation is far greater than ever before; the number of Sanitary Inspectors has been increased from 188 in 1893 to 313 in 1904. But the regulations or bye-laws under the Act of 1891 which Parliament had imperatively directed them to make and to use as regarded the tenement-houses in London, are very far from being enforced to the extent they should be.

The total number of houses let in lodgings which were on the various registers in 1905 was 22,257.

With only a few exceptions the Borough Councils, like their predecessors the Vestries, make comparatively little use of this power, though there is a concurrent mass of testimony as to the beneficial results following its use. Stepney, under the inrush of aliens, found the benefit of exercising the power, and heads the list with 2,672 houses on the register. Kensington has 2,107; Westminster 1,641; St. Pancras 2,192; Hammersmith 2,266; and Finsbury 1,169. These amount to 12,047, or 10 per cent. of all the inhabited houses in those six boroughs. In the whole of the rest of London with 451,596 inhabited houses, only 10,207 of the houses let in lodgings are registered: so that only 2¼ per cent. of the houses in them, as against 10 per cent. in the others, are registered.

It is manifest, therefore, how imperfectly the greater number of even the present local authorities perform the duty which has been imperatively imposed upon them by Parliament.

The Borough of Shoreditch, for instance, with 22,940 tenements of less than five rooms, of which 6,269 were overcrowded with 35,500 persons living in them, has only 283 of

the houses let in lodgings on the register. The Borough of Lambeth with 44,495 tenements of less than five rooms, of which 6,548 were overcrowded with 36,900 people living in them, had only 372 houses on the register. The Borough of Bermondsey with over 25,000 persons living in overcrowded tenements had only 221 houses on the register.

This, as has been explained (see p. 377), is not a matter in which the Central Authority, the London County Council, has any authority to interfere. The Borough Councils are their own masters in this matter, as were their predecessors the Vestries, and the responsibility as to administering or not administering in their areas the Act of Parliament rests entirely with them. The consequences of the non-administration of these bye-laws to the health and physical well-being of great masses of the people are disastrous.

Various legal decisions in recent years have somewhat impeded the effective administration of the bye-laws in this matter, but the real impediment is the dislike to them of the Borough Councils.

The condition of the vast tenement-house population in this great city is of such immeasurable consequence to the community at large that matters can only be allowed to continue in their present most unsatisfactory state at the most dire cost. The sooner it is thoroughly inquired into by Parliament and drastically dealt with the better; great evils will be stayed, great benefits will be secured.

The third principal cause of failure to attain a higher level of the public health in London than at present enjoyed has been the want of a real central Health Authority. The Metropolitan Board of Works was never such. The London County Council is only such in a very limited way. A real central Health Authority for London is an absolute necessity—that is the great moral to be drawn from the history of the last half-century so far as local government in health matters in London is concerned.

Disease recognises no boundaries, and in a great city like London it is essential that in so vital a matter as the public health full authority should, subject to Parliament, be vested in one supreme authority—a central authority which

shall secure uniformity of administration; a central authority which shall be able to compel a local authority in London to do that which if it neglects is a danger to the community; a central authority which, in the event of such neglect, shall be authorised itself to undertake that work; a central authority which shall be able to act at once for London as a whole in presence of any sudden or great emergency—that is absolutely essential for the sanitary safety of this great city and of the millions who live in it.

The want of such an authority has throughout the whole sanitary evolution of London been a disaster of the greatest magnitude, and is an ever-present peril to this great metropolis. The existence now of a central popularly elected representative body for the metropolis would render this reform quite a simple matter.

Further measures are also required to aid in the removal of the worst of London evils.

In 1903 a Royal Commission was appointed to inquire into the means of locomotion and transport in London. It reported in 1905, having done its work more thoroughly than even most Royal Commissions do their work.

A great portion of its report deals directly or indirectly with the sanitary condition of the people of London.

"The question of locomotion," said the Commissioners, "affects the health, comfort, and efficiency for work of the whole community. . . .

"Witnesses who have special knowledge of the subject are of opinion that the remedy for overcrowding is to be found in the removal of the people to outside districts by providing additional facilities for locomotion, and in this opinion we agree. . . .

"We have come to the conclusion that in order to relieve overcrowding means must be provided for taking the population into and out of London, not in one or two directions but in many directions, at rapid speed, frequent intervals, and cheap rates."

To this recommendation of the Commission it should be added that means must be devised for preventing in "outer London" a repetition of those circumstances and conditions

of life which, for more than half a century, entailed such sufferings and evils upon the people of London.

In reviewing the principal events, and studying the powerful underlying forces of the great movement of the sanitary evolution of London, the bitter experiences of the time gone by would indeed have been in vain if they did not point the way to an avoidance of past blunders and iniquities, and towards a better and happier future for the people. The lines upon which reform should move gradually become apparent as the events unroll themselves; and the measures now to be taken evolve and shape themselves from the successes and failures of the past.

The reforms just suggested are undoubtedly those which are most imperatively necessary. The whole experience of the past justifies the belief that they would soon work a great change for the better in the physical, mental, and moral conditions of life of large masses of the people of London. And from improved and healthier homes would come to the people increased comforts and happiness, and more physical energy and greater strength to fulfil the duties of their lives, and to meet whatever demands the future may make upon them and upon our nation.

The strength and even the existence of a nation depend upon the health of its masses. The stake at issue is a vital one to people and nation; and now more than ever is it necessary that the health and vigour of our race should be maintained at the highest possible attainable standard.

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